THE PLAN TO END HOMELESSNESS IN WINNIPEG

April 2014

END HOMELESSNESS

A Community Task Force

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MESSAGE FROM THE CO-CHAIRS OF THE COMMUNITY TASK FORCE TO END HOMELESSNESS

In December 2012, we chaired the first meeting of Winnipeg's Community Task Force to End Homelessness. That day we began a journey. We had no idea what we would learn or where we might land. And while we came around the table with very diverse perspectives and some strongly held views, we shared one goal: to explore what might be possible.

Every day, significant efforts are made in our city to support people who are homeless. Every day, lives are touched and many times changed. And yet, in hundreds of conversations over the last year, without exception, people from all walks of life said: What we are doing is not enough. We can do better.

This Plan reflects many voices. Most important, this plan echoes the voices of those who are or who have been homeless. More than 80 people shared their life stories and their hopes with us. We are humbled, grateful for and inspired by each. There is no one who knows better what works — and what doesn't. At the end of the day, we believe these voices matter most. Their words are best read in the Task Force's What We Heard Report available at: http://www.wprc.ca/whatweheard/.

A Council of Elders walked with us on this journey, offered their wisdom and taught us a great deal. For example, Elder David Budd shared with us an Indigenous belief that one's significance in this world is nurtured in a sense of belonging. When people do not have a sense of belonging — in family, in community — it is difficult to have hope. And each time we met, Elder Jo Jo Sutherland would remind us, people who are homeless have hearts and souls. We learned from Jo Jo — from many — that the need to feel worthwhile is more basic than food.

The Plan also reflects the voices of non-profit service providers who work daily to meet the needs of people who are homeless or are at risk of being homeless. We heard of the strengths they see in

their clients, how they work together and their ideas for change. Winnipeg's non-profit service and housing sector is strong and well positioned to make an even greater difference.

Government policy makers and administrators have also been involved in the conversations over the past year. Amidst many competing demands, they work hard to continuously improve very large systems in order to better serve. While the policy frameworks and the bulk of the financial resources do rest with government, it is very clear to us that government alone cannot solve homelessness.

Indigenous leaders in our city and province also offered their voice in this process. Their description of how homelessness affects Indigenous peoples is compelling. They want to work in new ways and with all sectors to make better progress on this critical issue.

For some, the role of the private sector in homelessness is less clear. In conversations with people in the private sector, we learned knowledge exists that could be instrumental in addressing critical issues in homelessness, including the supply of housing. We found people in the private sector interested to learn, to share ideas and to get involved.

It is the collection of all these voices that has shaped this Plan — a shared vision of what is possible. And it is clear to us from all these conversations, the opportunity for substantive progress may lie in our ability to build relationships across sectors and to build on the talents each brings.

The Long Term Plan to End Homelessness is focused on shifting our thinking as a community from managing homelessness to ending it. When cities focus primarily on meeting the immediate needs of the homeless (e.g. through shelters, soup kitchens, etc.), we assist in the short term, but are limited in our ability to help individuals stabilize and move forward. We believe stability occurs when an individual or family is living in a safe and secure home, with appropriate supports. Emergency support services will always play an important role, but must shift from being the standard response to homelessness to being a temporary response. This shift is proving successful in cities across North America.

Many times over the months we heard the question: "Is it really possible to end homelessness?" Working together, we believe it is. And why would we settle for anything less? The economic case to end homelessness is clear, the human rights case is compelling and it is the essence of a compassionate community.

We would like to thank each member of the Task Force for giving their time, knowledge and influence to this effort. Amidst very busy lives and a process that has had its share of ups and downs, you stayed the course. As Task Force members, we learned a great deal together. It has truly been a pleasure.

In closing, citizens across our city may wonder, "What can I do?" Most immediately, one answer lies in a story shared with us last fall. A woman was walking down Main Street and found a group

of people gathering around a kitten. There was a flurry of activity to ensure the kitten would find a home and be safe and cared for. The woman then walked on, past an older man who was clearly homeless. She noticed no one paused to acknowledge him. Or to say "Hello" or "I hope your day goes well". In the words of Elder David Budd, each one of us has the opportunity to create a sense of belonging in our city.

Thank you to everyone who has been involved. Please continue to be. And please encourage others to be.

Ending homelessness in our city will take a decade. Let's get started.



Cindy Coker

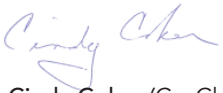


Rob Johnston

COMMUNITY TASK FORCE TO END HOMELESSNESS



Rob Johnston (Co-Chair)
Regional President
Royal Bank of Canada



Cindy Coker (Co-Chair)
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SEED Winnipeg



Lucille Bruce
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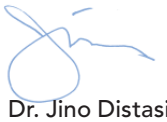
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Executive Director, Citizen Services
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Executive Director
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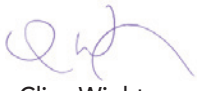
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City of Winnipeg

EXECUTIVE SUMMARY

Every day, significant efforts are made in our city to support people who are homeless. Every day, lives are touched and many times changed. And yet, in hundreds of conversations over the last year, without exception, people from all walks of life said: What we are doing is not enough. We can do better.

It was to meet that need, to do better for people in our city who are homeless, that the Community Task Force to End Homelessness was formed. The Task Force was brought together to reflect the community as a whole, and so was composed of fifteen members from multiple sectors, including all levels of government, community organizations and the private sector. Over 25% of the Task Force members are of Indigenous descent.

From the outset, the Task Force was resolved to ensure that any plan that would be brought forward to the community would be one that had been broadly informed by the advice of as any many stakeholders as possible and one that had as much commitment to implementation as possible. To this end, the process the Task Force used was unlike more traditional processes. The challenge was to combine broad community knowledge and advice and, at the same time, engage intensively with governments to identify opportunities for alignment and ultimately for policy and funding for better services and better planning. While no process is perfect, the process has resulted in a long term plan with shared commitment across sectors to work in some new ways. Task Force members, a Council of Elders, persons who are or who have been homeless and many individuals and organizations from across the community have contributed significant time, energy and expertise toward developing this Long Term Plan to End Homelessness in our city — and the commitment necessary to move forward.

There have been a number of reports over the years describing the circumstances of homeless people in Winnipeg. Most recently, the Winnipeg At Home/Chez Soi project (2013), strived to gain deeper insight into the demographics, health status, housing and social-service needs of those who are homeless in our city. The Winnipeg At Home/Chez Soi project involved 513 participants who were either homeless or precariously housed and trying to manage multiple health problems, injuries, disabilities and often with decades of social trauma.

Beyond providing a profile of Winnipeg's homeless population, the At Home/Chez Soi study and a number of other studies articulate a strong business case to end homelessness. By housing people with supports to ensure they can maintain their housing, the strain on health care, justice and emergency response systems can be reduced. The economic case to end homelessness has become clear. Beyond that, as the Task Force heard many times, the human rights case is compelling and it is the essence of a caring community.

The Long Term Plan to End Homelessness in Winnipeg sets direction in four key areas: Prevention, Creating a Person-Centred System of Care, Housing Supply, and Measurement. Within

each, a set of long term goals and strategies, along with a set of early actions are defined. While putting measures in place that prevent individuals who are more transitionally homeless from becoming homeless long term, the Plan focuses on ending homelessness for individuals who are chronically or episodically homeless.

In the area of **Prevention**, the Plan identifies strategies focused at both the systemic and individual levels. Measures related to systems-level prevention are primarily related to encouraging change in large organizations that often play a role in people's live at critical points when they may be particularly vulnerable to becoming homeless. This is usually at significant points of transition. The transition points generally considered points of particular vulnerability include discharge from hospital or treatment facilities, release from prison, or "aging out" of the child welfare system. A second application of preventive measures includes services provided directly to individuals — small interventions that can make a huge difference for people and literally prevent individuals and families from losing their housing.

Creating a **Person-Centred System of Care** refers to the introduction of a new homelessness serving system. Most people will end their homelessness on their own or with the services currently available. For many, the existing network of services works well. However, mental illness, long-term substance use, brain injury, post-traumatic stress disorder, and developmental disorders such as fetal alcohol spectrum disorder can make it difficult for some to end their homelessness with existing supports alone. For these individuals, an actual system needs to be created; one that includes intensive "Housing with Supports" programs and with the means of "triaging" and assigning limited program spaces to the most "acute" homeless people in order of urgency.

Housing First is an example of "Housing with Supports" and it is a term that has become synonymous with efforts to end homelessness. Until Housing First was successfully demonstrated, most programs to address homelessness were based on what was loosely called the "Housing Readiness" model and many still are. The Housing Readiness approach assumes that homeless people, once successfully treated for mental health, substance use, or other complex health problems will then be able to end their homelessness. The Housing Readiness approach does work for many people and it should always be available as an option, but there are others for whom it has not worked, sometimes after many tries. The Housing First model is grounded in the idea that permanent housing is a person's first and foremost need. Once a person is safely housed, then other needs can begin to be addressed and health and social participation can improve.

A healthy supply of **housing** is a central ingredient to success of Winnipeg's Plan, and critical to any efforts to prevent homelessness and end homelessness. Homeless people at varying stages of homelessness would require different services to get and stay housed. While the emergency shelter system is at or under required capacity now, the Task Force is not proposing an expansion of current emergency shelter capacity. The Task Force recognizes the need for additional transitional housing (with support) in the years ahead while proposing that the majority of effort in the coming

decade should be on creating permanent housing (with supports). As the strategies suggest, establishing new affordable housing units for people who are homeless will take considerable will and creativity from across all sectors — each of whom will bring important talents to the table.

Finally, the Plan emphasizes the importance of **measuring**, of gathering better data. The collection of data is important for the evaluation and continuous improvement of any program or service and it essential to knowing if, as a community, we are making a difference. Successful plans to end homelessness attribute much of their success to reporting and maintaining a constant presence in the community by reporting achievement towards a vision in terms that are clear and based on solid information and analysis. In addition to better data, the Plan proposes ongoing research to better understand some of the unique qualities of Winnipeg's homeless population referenced above.

Following careful consideration of a number of alternatives, one of the boldest elements of the Plan is the notion of a new non-profit organization to provide ongoing leadership to end homelessness in our city. Working closely with the network of existing organizations, the new organization would have one driving mission — to end homelessness. The Task Force believes strongly that the new organization needs to fully embrace the concept of collaboration; that collaboration across sectors and deep within the community and government sectors must be central to the approach going forward.

A new organization whose sole mission is to end homelessness provides an opportunity to bring together, through a multi-sector approach, the knowledge and efforts of those who are homeless, Indigenous leaders, organizations already working in the area, and the public and private sectors. Further, the new organization would provide the opportunity to "pool" funding from various funders, providing a one-point-of-access for the network of service providers serving Winnipeg's homeless. It is believed that this would simplify processes for these agencies, providing a straightforward method to access funding, as well as one set of accountability and outcome expectations. Funders would benefit by being able to "leverage" their own contributions to address gaps and overlaps. Another compelling point in support of an independent community-based organization is that it creates the potential for increased philanthropic contributions and private sector involvement. Agencies long engaged in working with homeless people would continue but within a specialized and coordinated funding and policy framework designed to promote coordination and close gaps. The Task Force believes strongly that the new organization must be lean and that funding for the new organization must be secure, from multiple sources and not be drawn from funding that is currently used to provide services to homeless people.

At the end of the day, everything described in the Plan is focused on shifting our thinking as a community from managing homelessness to ending it. This shift is proving successful in cities across North America and it is clear from this process, Winnipeg can see that same success. This Plan is an important milestone — and potentially an important turning point for our city. The plan builds on work well underway while emphasizing the need to embrace emerging best practices. The Plan will necessarily evolve as conversations and learning continues.

A COMMUNITY TASK FORCE TO END HOMELESSNESS

The Winnipeg Poverty Reduction Council (WPRC) is a thirty-member Council of community organizations, all levels of government, the private sector and labour leaders who come together to address issues of poverty. The Council was formed through the leadership of United Way Winnipeg in 2007. In 2011, Council members began to explore how the Council might positively contribute to addressing the issue of homelessness. After completing an environmental scan and researching efforts to end homelessness in other cities, the WPRC decided to bring together a multi-sector community task force with a mandate to develop a plan to end homelessness in our city.

The Community Task Force to End Homelessness is composed of fifteen members from multiple sectors, including the Government of Canada, the Province of Manitoba, the City of Winnipeg, community organizations and the private sector. Over 25% of the Task Force members are of Indigenous descent. All Task Force members have contributed significant time, energy and expertise towards building relationships and commitment necessary to successfully lay the groundwork for the launch of a Long Term Plan to End Homelessness in Winnipeg.

The Co-Chairs of the Task Force are Mr. Rob Johnston, Regional President of the Royal Bank of Canada, and Ms. Cindy Coker, Executive Director of SEED (Supporting Employment and Economic Development) Winnipeg. The government sector is represented by Mr. Joe Kronstal, Executive Director, Service Canada; Ms. Joy Cramer, Deputy Minister of the Department of Family Services; Mr. Clive Wightman, Director of the Community Services Department of the City of Winnipeg; and Mr. Réal Cloutier, Chief Operating Office and Vice President of the Winnipeg Regional Health Authority. Dr. Jino Distasio, Associate Vice President of Research and Innovation, University of Winnipeg is also on the Task Force.

Additionally, Task Force members come from a diversity of community organizations, including Ms. Lucille Bruce, Winnipeg Site Coordinator of the At Home/Chez Soi Mental Health Commission of Canada Research Project; Mr. Sandy Hopkins, Chief Executive Officer of Habitat for Humanity Manitoba; Mr. Floyd Perras, Executive Director of Siloam Mission; and Ms. Diane Roussin, Project Director, the Winnipeg Boldness Project and former Executive Director of the Ma Mawi Wi Chi Itata Centre Inc. The private sector is represented by Mr. Steve Chipman, President and CEO of the Birchwood Automotive Group of the Megill-Stephenson Company Limited, Dr. Ian Rabb of Winpark Dorchester Properties and Founder/CEO of Two Ten Recovery Inc. and Mr. Michael Robertson, Managing Architect, MMP Architects.

Two Task Force members relocated to other cities during the course of this work: Ms. Debra Diubaldo formerly the Aboriginal Student Advisory/Counselor and Selection Coordinator for the

Bachelor of Social Work program at the University of Manitoba and the Inner City Social Work program and Ms. Margo Goodhand, formerly the Editor of the Winnipeg Free Press and current editor of the Edmonton Journal.

Biographies of active Task Force Members are provided in Appendix I.

THE ELDERS COUNCIL

The Task Force established an Elders' Council early in the process. The Elders provided substantive feedback at each stage of the work of the Task Force. Their wisdom is informed by their traditional knowledge, spiritual practices and a diverse range of life experiences.

The Task Force is grateful to have had the following Elders' involved.

David Budd is a Cree from the Fisher River First Nation who is currently the Youth Cultural Advisor at the Ma Mawi Wi Chi Itata Centre. David has many years of experience working with young people, cultural programming, and traditional healing. He is a certified life skills coach through the Saskatchewan Indian College.

Mae Louise Campbell is an Ojibway Métis Elder. Mae Louise has gained respect within the Aboriginal and Non-Aboriginal community as an elder with a vision of healing for the people, a warm generous heart, and a sense of humour. Mae Louise has sat on many boards, been the guest speaker at numerous organizational and political meetings, and led thousands of sharing/healing circles.

Michael Esquash is an Ojibway-Cree from the Swan Lake Ojibway Nation. Michael has been involved in the traditional way of life for most of his life and continues as a helper with the Mount Carmel Clinic Assertive Community Treatment (ACT). For the past two years, Michael has conducted sharing and teaching circles with ACT program participants on a weekly basis.

Bertha Fontaine is an Ojibway Elder who is the Executive Director of the Native Addictions Council of Manitoba. Bertha has observed over the years that many men and women who enter addictions treatment struggle with homelessness, child welfare, unresolved trauma, and residential school experiences.

Jo Jo Sutherland is a Cree Elder from Saskatchewan who currently works at the Native Women's Transition Centre. Jo Jo received teachings from her parents who were traditional healers and carries on the traditions as a sweat lodge holder and pipe carrier. Jo Jo, being a residential school survivor, is sensitive to intergenerational and historic trauma of the men and women she helps.

Indigenous peoples were centrally involved at every level of the Task Force — as Task Force members, as advisors through the Elders' Council, as staff people and as representatives within groups that were engaged, including people with lived experiences, community organizations and the private sector.

GUIDING PRINCIPLES

The Task Force established the following principles at its outset to guide its work.

1. We believe that everyone has a right to housing in accordance with international law, to live with dignity, and to belong somewhere.
2. We believe that everyone needs a community; and that affordable housing should be safe, clean, culturally adequate, diverse, and guided by consumer choice.
3. We believe it is our community's responsibility — from government to corporate to community-based organizations to those who have been or are now homeless — to prevent and end homelessness.
4. We will work together to build a movement among all sectors to end homelessness, in good faith, openness and trust.
5. We will work together to fully involve Indigenous peoples and those with lived experience of homelessness, to ensure their perspectives are fully reflected in the development, implementation and evaluation of our Plan.
6. We will be flexible, action-oriented, creative, and work toward building a sustainable, fundable Plan. We are committed to successful, achievable outcomes and will focus resources on systems, agencies and programs that offer measurable results.
7. We will consider all solutions, provided they reflect a fundamental belief in the betterment of the human condition in our community.

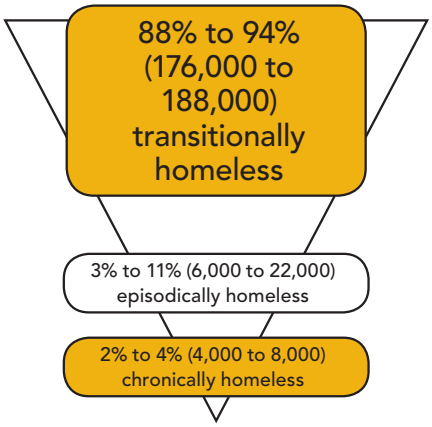
DEFINITION OF HOMELESSNESS

The Task Force adopted the following definitions and categories of homelessness developed by the national Homelessness Partnering Strategy.

- **Chronically Homeless** — individuals, often with disabling conditions (e.g. chronic physical or mental illness, substance abuse problems), who are currently homeless and have been homeless for six months or more in the past year (i.e., have spent more than 180 cumulative nights in a shelter or place not fit for human habitation).
- **Episodically Homeless** — Individuals, often with disabling conditions, who are currently homeless and have experienced three or more episodes of homelessness in the past year (of note, episodes are defined as periods when a person would be in a shelter or place not fit for human habitation for a certain period, and after at least 30 days, would be back in the shelter or place).
- **Hidden Homeless Population** — Individuals or families living in locations not intended for human habitation (e.g., abandoned buildings) or continuously moving among temporary housing arrangements provided by strangers, friends or family (also known as 'couch surfing').
- **At Imminent Risk of Homelessness** — Individuals or families whose current housing situation ends in the near future (i.e. within one to two months) and for which no subsequent residence has been identified. They are unable to secure permanent housing because they do not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or a public or private place not meant for human habitation.

Figure 1 below illustrates this definition of homelessness and identifies the estimated number of Canadians in each category of homelessness.

Figure 1



(Gaetz, Donaldson, Richter, & Gulliver, 2013)

HOMELESSNESS IN WINNIPEG

While there have been a number of reports over the years describing the circumstances of homeless people in Winnipeg, there are no systematic or regular mechanisms to collect population data or characteristics. Much of what we do know is based on the number of individuals staying in shelters, as this information is collected via the Homeless Individuals and Families Information System (HIFIS). These numbers begin to paint the picture of homelessness in our city, but do not capture a substantial percentage of the homeless population — the "hidden homeless." For some, their basic needs may be adequately met in these housing situations, but they are without tenancy rights and any sense of housing security. Research suggests that for every individual spending a night in an emergency shelter, there are another four people among the hidden homeless (Power, 2008). Emergency shelter data will also not gather information on people who regularly "sleep rough" outdoors who are perhaps at the most immediate risk.

In recent years, local studies, including Main Street Project's Winnipeg Street Health Report (2011) and the Winnipeg At Home/Chez Soi project (2013), have strived to gain deeper insight into the demographics, health status, housing and social-service needs of those who are homeless in our city. The Winnipeg Street Health Report is based on a survey of 300 homeless participants and the Winnipeg At Home/Chez Soi project involved 513 participants who were either homeless or precariously housed. Highlights from these two reports are shared below, providing context for Winnipeg's Long Term Plan to End Homelessness.

The Winnipeg Street Health Report (2011) illustrates the results of a survey conducted on the health status of homeless people in Winnipeg and provides an overview of homelessness throughout the city. Spearheaded by the Main Street Project, Winnipeg's oldest emergency homeless shelter, the study was conducted during the summer of 2010.

In 2008, the Canadian Federal Government announced an investment of $110 million for a five-year research demonstration project aimed at identifying and exploring effective housing approaches for people experiencing mental illness and homelessness in Canada. In response, the Mental Health Commission of Canada (MHCC) and research teams in five cities across Canada (Vancouver, Winnipeg, Toronto, Montreal and Moncton), implemented a trial of Housing First (explained in detail in the following pages). Entitled, At Home/Chez Soi, the project ran from October 2009 to June 2013.

HOMELESS POPULATION SIZE

On any given night in Winnipeg, it has been estimated there are approximately:

350 people staying in one of the city's homeless shelters;
700–1,000 people staying in single room occupancy hotels; and
1,400 people staying with relatives, friends or acquaintances or in some form of temporary accommodation (Main Street Project, 2011).

It is important to note that these are estimates only.

Emergency shelter operators keep good records of the people they shelter, but there is currently no mechanism to identify which people are staying at multiple shelters and this makes it difficult to estimate the size of the population. We do not know if the number of homeless people in Winnipeg is increasing or declining.

What we do know is that we have an array of services that are apparently at full, or near full, capacity. There is no way to know how many people sought services but were unable to get them because there was no room. The need for better information is a theme throughout this Plan, but whatever the data ultimately tells us, we know that the numbers of homeless people are too high by the standards of all who were engaged in the processes of the Task Force.

There have been significant investments to address homelessness in recent years in Winnipeg which must be acknowledged.

The Province of Manitoba launched the Homeless Strategy with a Focus on Mental Health Housing initiative in May 2009. The strategy included ten initiatives, organized under four components: Emergency Shelters, Outreach, Housing with Services and Prevention. The initiatives introduced under the strategy included the Homeless Outreach Mentors, the provision of a case management function under Project Breakaway, the Portable Housing Benefit, the expansion of the Community Wellness Initiative, Community Housing with Supports, the Bell Hotel Supportive Housing project, and the Mental Health Supportive Housing projects (operated by Sara Riel and Eden Health Care Services). The Government of Canada will invest $5.7 million into homelessness projects in Winnipeg this year according to a Community Plan approved by a Citizens Advisory Board (CAB) and administered by the City of Winnipeg.

Winnipeg was also one of five host cities in Canada to be selected as a test site for the recent At Home/Chez Soi project of the Mental Health Commission of Canada (MHCC) which provided Housing First to 300 homeless people at a cost of $10 million for service, with another $9 million in research investments in Winnipeg alone over the five years of the project.

DURATIONS OF HOMELESSNESS

A person who is homeless may find their way in and out of homelessness multiple times throughout their lifetime. In Winnipeg, the average total time for an individual to be homeless is estimated to be approximately four years (Main Street Project, 2011). Participants in the Winnipeg Street Health Report (2011) indicated their individual total time homeless as follows:

TOTAL LENGTH OF HOMELESSNESS

Less than 6 months	15.1%
6 months – 2 years	36.9%
2 – 5 years	24.8%
5 – 10 years	13.2%
More than 10 years	10%

Research conducted in Calgary (Calgary Homeless Foundation, 2002) estimated that 65% of people who enter into homelessness require minimal supports to move off of the street and back into a home. However, approximately 35% may face much more complex barriers, making it more difficult to break out of the cycle of homelessness, particularly when suffering from chronic physical or mental health issues, or addictions.

DEMOGRAPHIC PROFILE

Data from the Winnipeg Street Health Report (2011) illustrates that approximately 70% of the homeless population in Winnipeg is male and 30% is female at an average age of 41 years old. The Winnipeg At Home/Chez Soi project (2013) reports similar numbers with 64% of participants identifying as male and 36% as female. However, it has been suggested (Gaetz et al, 2010; Paradis & Mosher, 2012) that these statistics may not be indicative of the actual gender distribution of homeless individuals. According to Gaetz et al. (2010) and Paradis & Mosher (2012), women who are homeless face an increased risk of violence and assault, sexual exploitation and abuse. As a result, many will do whatever it takes to avoid the shelter system, often staying in situations and relationships that are dangerous and unhealthy. Men may do the same, putting themselves at great risk to avoid sleeping on the street or in a shelter. Because these individuals may seldom engage with service providers, very little is known about them.

GENDER DISTRIBUTION

Female	30%
Male	70%

AGE DISTRIBUTION

18-19 years old	0.7%
20-24 years old	8.4%
25-49 years old	66.1%
50-59 years old	19.1%
60+ years old	5.7%

Reproduced from Winnipeg Street Health Report (Main Street Project, 2011)

EDUCATION

Sixty-nine % of the Winnipeg At Home/Chez Soi (2013) participants reported not completing high school. Homeless people who participated in the Winnipeg Street Health Report (2011) indicated having lower educational attainment than Winnipeg's general population, as illustrated in the following table *(Statistics Canada, 2006)*:

Level of Education (not necessarily their highest)	Street Health Survey	Winnipeg Population
Less than Grade 8	15.3%	Not available
High School Graduate	40.7%	76.9%
College/University Graduate or Higher	12.3%	39.5%

RACIAL OR CULTURAL BACKGROUND

According to Laird (2009) and the Main Street Project (2011), Indigenous peoples account for nearly 60% of Winnipeg's homeless population, while representing only 10% of the city's total population. Some have estimated the Indigenous proportion as high as 80%. Moreover, 71% of Winnipeg At/Home Chez Soi participants identified as being of Indigenous decent and 42% of these participants identified as having parents who attended residential school.

Participants in Winnipeg's Street Health Report self-identified as follows:

Caucasian — 39.7%	Indigenous — 56.7%
Black/Caribbean — 1.3%	Inuit — 1.3%
Other Ethnicity — 2.0%	Métis — 18%
	Non-Status Indian — 2.3%
	Status Indian — 35.0%

INDIGENOUS PEOPLES AND HOMELESSNESS

Indigenous peoples in Canada often face additional barriers that could increase their likelihood of entering a pathway to homelessness. As noted earlier, Indigenous peoples are highly over-represented in the homelessness population. This overrepresentation is indicative of the additional barriers they face including "violations to their rights, including cultural, linguistic, land and treaty rights, sovereignty…often [facing] discriminatory barriers from society in general. When migrating from rural to urban areas, indigenous women and girls are at risk of rape, murder, disappearance and trafficking, more so than other groups due to their displacement and increased vulnerability." (UN-HABITAT, 2009) This unique historical context means that the paths into homelessness are often more complex for Indigenous peoples.

Fundamental to this disparity is the issue of economic marginalization and poverty. This marginalization can be seen in Winnipeg's low income population, of which 23.8% are Indigenous individuals. (Statistics Canada, 2006). Additionally, statistical information from 2006 shows that Indigenous people in Winnipeg experience an unemployment rate of 11%, more than twice that of non-Indigenous people (Statistics Canada, 2006). An adequate home in a safe neighbourhood can be difficult to find, and even more difficult for Indigenous peoples to afford, as the median annual income for an Indigenous person in Winnipeg is $18,184 per annum, $8,150 less than that of non-Indigenous individuals. (Statistics Canada, 2006).

Furthermore, of the Indigenous individuals surveyed for the Street Health Report, nearly two-thirds indicated they were not born in Winnipeg. People move away from their homes on the reserve or rural and northern communities for a variety of reasons — to be closer to family and friends who moved before them; in search of greater employment and education opportunities; or to be within close proximity to medical and other services, among many other reasons. Research (Skelton et al., 2011) suggests that the transition from rural reserve to urban life is often not easy. Others have begun to study the impact of Indigenous peoples' mobility patterns on homelessness and the resulting challenges to providing services.

> *A further policy implication is in the area of service provision to those transitioning from reserves or rural and northern communities into cities. As Prout (2009) asserts, the re-conceptualization of Indigenous spatiality must incorporate the variety of interactions that Aboriginal persons have with mainstream services. This is the group most vulnerable to housing instability and outright homelessness* (Distasio et al).

Attempting to find a home and access services can be laced with racism and discrimination, compounding barriers to basic needs. These factors, and economic instability, often force Indigenous peoples in Winnipeg into transient residency situations, with 25.1% changing addresses within a year, and 56.6% changing addresses within 5 years, in contrast with 14.5% and 39.7% for non-Indigenous people (Statistics Canada, 2006).

There are many reasons why people become homeless, but it is important to recognize that the pathway to homelessness for someone who is Indigenous is often layered with additional barriers which may collectively be beyond the capacity of the individual to overcome.

INJURY, VIOLENCE, ABUSE AND HOMELESS PEOPLE

For many people who are homeless, violence is simply a way of life, and it may have always been a part of their life. According to the Winnipeg At Home/Chez Soi summary report (2013), on average, study participants were exposed to six different categories of child abuse and/or neglect before the age of 18. Moreover, 40% of Winnipeg Street Health Report (2011) participants indicated they had been physically assaulted in the past year, at an average of three times per year. Depending on access to medical services, homeless people may not receive proper medical care for assault wounds, and many assaults go unreported to police out of fear of negative repercussions from an assailant, or a lack of confidence that they will be taken seriously.

HEALTH STATUS OF HOMELESS PEOPLE

The Winnipeg At Home/Chez Soi summary report (2013) described the health status of project participants at the time of intake into the project. Participants were screened and showed indications of substance-related disorders (77%) and post-traumatic stress disorder (45%) at the time of the study. In addition, over 99% of participants identified as having at least one physical health condition and 83% reported having a traumatic brain injury. According to Hwang et al., (2008), traumatic brain injury is much higher among homeless people than the general population, leading to a series of consequences including a greater likelihood of seizures, mental health issues and addictions, as well as impairments to cognitive functioning. For the Winnipeg Street Health Report (2011), 45% of participants self-rated their health and mental health as 'fair or poor' as opposed to 'good,' 'excellent or very good.' Furthermore, nearly 21% identified as suffering from depression; 16.7% from anxiety disorder; and 14.3% from schizophrenia.

PATHWAYS TO HOMELESSNESS

An individual or family may find themselves without a place to call home for a multitude of different reasons. For many, homelessness is the result of not one, but several risk factors. A **risk** factor is any element of a person's life with the power to **trigger** an event or series of events that could ultimately lead to the **trap** of homelessness.

This explanation has been deemed the **'Risk, Trigger, Trap' Road to Homelessness**, as first identified by the Calgary Homeless Foundation (2008). It is a comprehensive and yet succinct breakdown of many of the underlying conditions and systemic forces that may lead someone down the pathway to homelessness.

Risk factors can be defined as all of the underlying conditions or elements of a person's life that may increase the probability of homelessness. (It is important to note that the presence of one or more risk factors does not necessarily guarantee homelessness). Risk factors may include:

- Poverty
- Physical or developmental disabilities
- Mental illness
- Chronic substance abuse or addictions
- Traumatic experiences during childhood, possibly including abuse or neglect
- Time in foster care
- Family conflict
- Isolation
- Lack of supportive relationships and social networks
- Lack of education

One or more of these risk factors could potentially **trigger** an event or incident that could then lead to the loss of one's home. These may include:

- Financial crisis
- Health crisis
- Family conflict
- Landlord/roommate conflict
- Addiction or mental illness
- Crime (either as a victim or perpetrator)

As mentioned previously, research (Calgary Homeless Foundation, 2002) suggests that approximately 65% of people who lose their home are able to find a pathway out of homelessness, either on their own or with the help of family or friends. In fact, many of these individuals never fully enter the homelessness system or require social assistance or supports. However, others may not find their

pathway out, and instead fall into a trap of systematic barriers that can be very difficult and complicated, nearly impossible to overcome. It is these individuals who have the potential to become chronically homeless over time.

The homeless **trap** is composed of multiple and cumulative barriers, including:

- Cyclical public system barriers — "no address, no welfare; no welfare, no address".
- Complicated access to government support. This can be particularly difficult for Indigenous peoples and new immigrants who must navigate all three levels of government for support.
- An overwhelming number of service providers. An individual may need to visit several different agencies in order to access all of the necessary supports.
- Being homeless can lead to addiction, mental and physical illness or exacerbate existing issues.
- Physical and mental health problems, lack of an address, insufficient education, lack of transportation, poor hygiene and a lack of sleep from living on the streets or in a shelter can create barriers to employment.
- Without employment or sufficient income, a person will not have enough money for the first month's rent and damage deposit.
- Access to housing may have conditions such as sobriety, lack of a criminal record, and good credit history.
- Housing affordability and availability — particularly for a unit located in a safe neighbourhood and in adequate condition.
- Discrimination and racism.
- Low income assistance (EIA) rates.

POVERTY AND UNEMPLOYMENT

Addressing broad fundamental socio-economic issues like poverty are beyond the scope of a plan to end homelessness, but the Task Force heard so plainly from so many people that poverty, like the absence of an adequate supply of affordable housing, will continue to be a constant mass "risk" for many people. Following along the lines of the **Risk, Trigger Trap** analysis above, more people in poverty means more people at risk of homelessness. Not all will become homeless of course, but the more there are, the more likely there will be more homeless.

Closely related to the impact of poverty is the impact of unemployment and a a lack of good jobs accessible to people with limited skills. The importance of employment in preventing homelessness cannot be underestimated and the Task Force also heard this message clearly.

It is also important to consider the benefits of employment for people who have been homeless and some of the most successful Housing First programs (to be introduced below) consider finding and maintaining some sort of employment as important as maintaining housing, not only for the benefits of added income, but also because of the benefits of increased social and economic participation on the process of recovery.

FROM "MANAGING" TO "ENDING" HOMELESSNESS

What if we were to change the way we address homelessness? What would services for homeless people look like if we shifted our focus from emergency responses to proactive, long-term solutions? These are important questions that communities and governments across the country are beginning to ask and answer. A substantive body of literature (Gaetz, 2012; Laird, 2007a; Palermo et al., 2006; Pomeroy, 2005; 2008; Shapcott, 2007) suggests that investing in long-term measures, including housing (with supports, if necessary), may cost considerably less than providing a range of emergency services.

The Alberta Secretariat for Action on Homelessness (2008) states that if we truly want to end homelessness, we must move away from the current approach of managing the homeless population to providing housing and increasing self-reliance. The Secretariat argues that a failure to do so will result in an increased number of homeless individuals and associated costs, rather than a reduction. Gaetz (2012) contends that assessing the cost of homelessness may be an important step in making this systemic shift, as it can "provide a strong argument for doing things differently, especially at a time when governments must rely on reduced revenue to carry out their work, and community-based services face greater demand to demonstrate a social return on investment" (pg. 3).

When our communities focus solely on meeting the immediate needs of the homeless (e.g. through shelters, food banks, etc.), we assist in the short term, but do very little to help individuals stabilize and move toward self-reliance (Hulchanski et al. 2009). Arguably, stability cannot occur until an individual or family is living in a safe and secure home. Emergency support services will always play an important role, but must shift from being the standard response to being a true emergency short-term response.

HOUSING FIRST

Housing First is a term that has become synonymous with efforts to end homelessness. Until Housing First became widely known and demonstrated successfully, most programs to address homelessness were based on what was loosely called the "Housing Readiness" model and many still are. The Housing Readiness approach assumes that homeless people, if treated for mental health, substance use, or other complex health problems while living in residential treatment or transitional housing will end their own homelessness with a little help once they have resolved their personal issues and challenges. The Housing Readiness approach does work for many people and it should always be available as an option, but there are others for whom it has not worked, sometimes after many tries. Housing First turns the Housing Readiness model upside-down, as it is grounded in the idea that permanent housing is a person's first and foremost

need and a basic human right. Once a person is safely housed, then all other needs can begin to be addressed (MHCC, 2013) and health and social participation can improve.

For chronically and episodically homeless people, Housing First has become well-established in many North American jurisdictions as the approach with the best chance of ending homelessness. Hundreds of jurisdictions across Canada and the United States have successfully shifted from managing homelessness to ending homelessness and Housing First is a key element in almost all of them.

Until recently in Canada, the majority of government funding for homelessness initiatives has been provided through short-term provincial and federal government project-based grants and provincial per diems (Main Street Project, 2011). This funding is valuable, and can be used to manage homelessness in the short-term, but again, may do very little to end homelessness for people with the most complex problems. As mentioned previously, in 2008, the Government of Canada allocated an unprecedented $110 million to the Mental Health Commission of Canada (MHCC) to conduct a four-year, five-city research demonstration project. Entitled At Home/Chez Soi, this project focuses on the issue of mental health and homelessness, rooted in the Housing First approach (MHCC, 2013). One of the overarching goals of the project was to determine whether or not the Housing First approach can work effectively in Canada (as tested in Vancouver, Winnipeg, Toronto, Montreal and Moncton) — and if so, for whom, and at what cost?

The Mental Health Commission of Canada At Home/Chez Soi Project released its final report in April of 2014. The study found that Housing First "can be effectively implemented in Canadian cities of different size and of different ethnoracial and cultural composition" for homeless people with mental illnesses. The study also found that Housing First can work for all population subgroups (i.e.; women, younger people, and immigrants) but acknowledged that it may need to be "tailored" to optimally suit the needs of these groups (Mental Health Commission of Canada 2014)

The study found that Housing First is cost-effective and that for "every $10 invested in Housing First services resulted in an average reduction in costs of other services of $9.60 for high needs participants and $3.42 for moderate needs participants." When the costs of implementation are compared against estimated savings for the highest 10% service use costs prior to the study, the savings increased to $21.72 for every $10 invested. This supports the need for system mechanisms to ensure that these intensive programs are targeted at the people with the most complex problems.

Further, the study was able to show that getting people into housing produces real improvements in community functioning and quality of life and with that, hope that sustained improvements in mental health and substance use will follow. In fact, Housing First participants in the study were more than twice as likely to have a positive life course over time, compared with persons not in Housing First and moreover, those not in the Housing First program were more than four times as likely to show a negative life course over time.

In 2007, the Government of Manitoba Cross-Department Coordination Initiative (CDCI) began

to apply Housing First and initiated projects that began the development of Housing First capacity in the community with Project Breakaway at the Main Street Project, the Bell Hotel, Homeless Outreach Mentors Project and the Community Housing with Supports Program at the Canadian Mental Health Association. These initial programs all embraced some elements of Housing First.

More recently, the Government of Manitoba identified the Department of Housing and Community (HCD) as the lead department on homelessness and those projects are still supported by HCD and Manitoba Health. Both HCD and Manitoba Health have maintained funding for the three former At Home/Chez Soi projects since April 1, 2013 when MHCC funding ended, although on a short term basis.

More recently, the Government of Canada Homelessness Partnering Strategy (HPS) has directed its local delivery agents and Community Advisory Boards (CABs) in Canada's ten largest cities to direct 65% of its funding to Housing First programs by 2016/17 (2017/18 in designated Aboriginal funding).

The Government of Canada Homelessness Partnering Strategy (HPS) specifies the following six components as essential if a program is to be funded as a Housing First program.

1. Rapid housing with supports: This involves directly helping clients locate and secure permanent housing as rapidly as possible and assisting them with moving-in or re-housing if needed. Housing readiness is not a requirement.

2. Offering choice in housing: Clients must be given choice in terms of housing options as well as the services they wish to access.

3. Separating housing provision from other services: Acceptance of any services, including treatment, or sobriety is not a requirement for accessing or maintaining housing, but clients must be willing to accept regular visits. There is also a commitment to housing clients as needed.

4. Providing tenancy rights and responsibilities: Clients are required to contribute a portion of their income (usually at least 30%) towards rent and a landlord-tenant relationship must be established. Clients housed must have rights consistent with applicable landlord and tenant acts and regulations.

5. Integrating housing into the community: In order to respond to client choice, minimize stigma, and encourage client social integration, housing should be "scattered-site" in the public or private rental markets. Other housing options such as social housing and supportive housing in congregate settings could be offered where such housing stock exists and may be preferred by some clients.

6. Strength-based and promoting self-sufficiency: The goal is to ensure clients are ready and able to access regular supports within a reasonable timeframe, allowing for a successful exit from the HOUSING FIRST program. The focus is on strengthening and building on the skills and abilities of the client, based on self-determined goals, which could include employment, education, social integration and improvements to health.

Housing First is designed to move a person from homelessness into a safe and secure home, leading to gradual improvements in physical and mental health and overall well-being. It also assumes that health, social services and treatment for mental health or substance use problems would be available to them as they become ready. Although this method for addressing homelessness is well-proven in other jurisdictions, it is important to note that it does not work in every case.

COLLABORATIVE FUNDING, MONITORING AND EVALUATION

As a public policy issue, homelessness presents a significant set of challenges. Homelessness is the end state of individual circumstances and many, social and systemic shortcomings and the solutions may require funding or services from a range of agencies and departments and from all levels of government.

To further complicate ending homelessness, the impact of homelessness is often felt by emergency service providers who can do little to address the root problems, not by departments or agencies which are in some way responsible. For example, the quality of police and ambulance service to a community will be compromised by demands to manage and provide crisis services to homeless people, yet there is essentially nothing a police department can do to reduce those demands through its conventional channels. Hospital emergency departments are impacted by those who face the health consequences of being homeless. Core area business owners also feel the impact of homelessness but there is little they can do to provide services to end homelessness on their own. The impact of being homeless is felt by the homeless person primarily but the consequences of homelessness are felt by the entire community. Homelessness is everyone's problem.

These factors help to explain why leaders who have recently driven plans to end homelessness in most cities have come from business, health care, police and ambulance service providers in addition to social advocates, social housing or homelessness service providers. These unconventional voices are calling for change because it is the right thing to do for homeless people and the right thing to do for the community. This is reinforcing the message from social groups who have called for measures to end homelessness for years.

That's why most Canadian and American cities that have successfully begun to end homelessness have recognized that the key to a coordinated system to end homelessness is the creation of an orga-

nization mandated to bring together funding from various sources, coordinate policy and service delivery, design simplified funding models, target limited resources to where they will have the most effect, and hold service providers accountable while holding itself accountable to funders and the community.

CANADIAN SUCCESS STORIES

Over the past few years, a number of Canadian cities have developed targeted and focused plans to end homelessness. Each is different, but they are all rooted in similar core values and maintain the same overarching goal — to find a home for everyone and end homelessness in our country. Only a few years into the implementation phases of their plans, the following communities have already witnessed notable changes:

- Calgary experienced an 11.4% decrease in homelessness from 2008 to 2012.
- Edmonton experienced a 30% decrease in homelessness from 2008 to 2012.
- Fort McMurray experienced a 42% decrease in homelessness from 2008 to 2010.
- Lethbridge experienced a 64% decrease in overall homelessness and a 93% reduction in street homelessness since 2008.
- Vancouver experienced a 66% reduction in street homelessness since 2008.
- Toronto experienced a 51% decrease in street homelessness since 2006.
- Fredericton experienced a 30% reduction in emergency shelter use (Gaetz et al., 2013).

The City of Toronto created the Streets to Homes program, helping 1800 people find a permanent home between 2005 and 2009. As of 2009, 87% of those people were still in their homes (Falvo, 2010).

Between 2008 and 2011, more than 2,000 Calgarians received permanent housing with support through programs funded by the Calgary Homeless Foundation, the foundation responsible for implementing Calgary's 10-Year Plan to End Homelessness. Funding was allocated for nearly 2,000 units of affordable housing and there is a plan in place for another 1,000 units of attainable home ownership. Furthermore, 85% to 90% of people who were housed through implementation of the plan (grounded in the Housing First approach) remain housed three years later (Calgary Homeless Foundation, 2011).

Through implementation of Medicine Hat's 5-Year Plan to End Homelessness, the City has developed or acquired 78 affordable housing units, 25 transitional housing units, and 465 private landlord rent supplements through partnerships with the provincial and federal governments, as well as local private, non-profit and charitable organizations (Medicine Hat Community Housing Society, 2012).

As of 2013, the City of Vancouver has funded the renovation of 200 units to end street homelessness and secured capital funding from the Province of British Columbia for 1,500 supportive

housing units on 14 city-owned sites. Over half of these sites are now open, with priority given to the homeless living on the street and in shelters (Mayor of Vancouver, 2013).

The Greater Victoria Coalition to End Homelessness coordinates a number of programs, including a Housing First initiative entitled Streets to Homes. As of 2011, this program has successfully housed 62 participants (Crewson et al., 2011).

In 2012 in Ottawa, 139 new affordable housing units and an additional 747 rental supplements and housing allowances were made to individuals and families (Alliance to End Homelessness Ottawa, 2012). The Alliance (2012) further reports that the number of homeless individuals in Ottawa may be stabilizing.

While these numbers and stories provide inspiration, the Task Force recognizes that ongoing monitoring and analysis must continue, in order to determine the why behind the numbers and what more can be learned from them.

Each community started with a plan, implemented a series of actions, and is now witnessing positive change. Those plans also demonstrate the importance of having a vision and strategy. It is the hope of the Task Force that Winnipeg will soon follow its path to ending homelessness.

THE BUSINESS CASE FOR ENDING HOMELESSNESS

In recent years, researchers from across North America have examined homelessness, not only through a social and moral lens, but from an economic perspective as well. Ending homelessness is the right thing to do; however, as several studies attest, it may also be the most cost-effective thing to do. Unfortunately, much of our response to homelessness comes in the form of short-term emergency solutions (e.g. shelter beds, hospital stays, incarceration, etc.). These responses are expensive and unsustainable, and arguably do not wholly address the complex issues surrounding homelessness (Gaetz, 2012; Laird, 2007a).

The cost of homelessness encompasses direct costs, including shelters and services, as well as indirect costs, including increased use of the health care delivery system (includes paramedics, emergency departments and hospital stays), mental health and addictions treatment, and the criminal justice system (Gaetz, 2012). In 2007, Laird concluded that the annual cost of homelessness in Canada was approximately $4.5 to $6 billion, including all costs associated with the provision of emergency services by community organizations, governments and non-profits. At the time, this figure was greater than the Federal government's spending on international development ($4.1 billion) and annual debt reduction ($3 billion) (Laird, 2007). A recent estimate from the Canadian Alliance to End Homelessness (CAEH) suggests this number may be even greater today, reaching closer to $7 billion annually (Gaetz et al., 2013).

Pomeroy (2005) conducted a review of the average annual cost of homelessness in four Canadian cities. His findings indicate that institutional responses (prison/detention and psychiatric hospitals) range, depending on the city, from $66,000 to $120,000 per person per year; emergency shelters (cross section of youth, men's, women's, family and victims of violence), $13,000 to $42,000 per person per year; supportive and transitional housing, $13,000 to $18,000 per person per year; and affordable housing without supports (singles and family), $5,000 to $8,000 per year. These numbers exemplify the cost-savings that could be incurred if our standard solution to homelessness was not grounded in an institutional response.

A substantial body of research illustrates that homelessness is associated with high rates of health care utilization (Culhane et al., 2002; Rosenheck, 2002; and Martinez & Burt, 2006). A person who is homeless will likely be hospitalized up to five times more often than the general public (Martell et al., 1992) and will typically stay much longer, with each night in a hospital bed costing between $10,000 and $44,000, depending on the level of care required. According to a study by Hwang & Henderson (2010), homeless people are frequent visitors to emergency departments for reasons including trauma, illness and injury. In many instances, people who are homeless also visit the emergency department for food, shelter and safety needs. Each time a person visits a clinic,

steps into the emergency room or travels in an ambulance there is an added institutional cost.

Mental illness and addictions are complex issues that could potentially lead a person down a pathway to homelessness. Moreover, living without a home could exacerbate existing issues or create new ones (Kidd & Kral, 2002). It is estimated that approximately 30%t of people who are homeless suffer from mental illness (CPHI, 2010). Researchers at Simon Fraser University in British Columbia concluded that one homeless person with substance abuse and mental health issues can cost the public system in excess of $55,000 per year for an institutional response. In contrast, this same individual would cost the province $37,000 per year if provided with housing and the necessary supports, saving British Columbia approximately $211 million annually (Patterson et al., 2008).

Life without a home could lead a person to frequent encounters with the justice system. According to a Canadian study (Kellen et al., 2010), one in five prisoners in Canadian penitentiaries were homeless before entry into incarceration. Statistics Canada (2008/09) reports that the average annual cost for the incarceration of a male inmate is $106,583. This cost is nearly doubled for a female inmate at $203,061 (Public Safety Canada, 2010). In addition to the costs of incarceration, there are also justice system costs associated with the policing of homeless individuals, whether it be in emergency situations, communities where homelessness is criminalized, or the calls associated with the so-called nuisance of panhandlers or homeless people sleeping in public spaces (Gaetz, 2013).

The Wellesley Institute in Toronto provides a cost breakdown in their *Blueprint for Ending Homelessness* (2007), representing average monthly costs of homelessness, including: $1,932 for a shelter bed; $4,333 for provincial jail; and $10,900 for a hospital bed (Shapcott, 2007). In comparison, the average monthly cost to the City of Toronto for a rental supplement is $701 or only $199.92 for social housing. Moreover, a 2006 study in Halifax (Palermo et al., 2006) illustrates that investing in social housing could generate a savings of 41% per person.

The Calgary Homeless Foundation (2008) compares the annual costs for supports for the transiently homeless versus the chronically homeless. A person who is transiently homeless will likely find a pathway out of homelessness relatively quickly, with minimal resources. A person who is chronically homeless has been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years (Department of Housing and Urban Development, 2013). Estimates of the annual costs of supports (including temporary shelter, health care and emergency services) for a person who is transiently homeless were $72,444 and for someone who is chronically homeless $134,642, nearly double (Calgary Homeless Foundation, 2008). American researchers (Poulin et al., 2010) attest that supportive housing is a substantially more cost effective solution for chronically homeless individuals, particularly those with serious mental illness and addictions, as stable housing and supports can lead to reduced use of acute care services and therefore offset the cost of housing.

In the first three years of implementing Calgary's 10-Year Plan to End Homelessness (2008), findings indicated that individuals requiring a low level of support over a short period of time (e.g. rent supplements), were housed for only $4,000 a year (Calgary Homeless Foundation, 2011). Housing provision and support for individuals with complex needs were approximately $36,000 per year, and programs offering 24/7 care, up to $56,000 per year. These numbers represent a substantial cost-savings compared to the costs associated with a traditional emergency response to a chronically homeless person.

THE RIGHTS-BASED CASE FOR ENDING HOMELESSNESS

In finding solutions to ending homelessness, a rights-based approach is a helpful framework to apply. What does that mean? It means that this Plan to end homelessness takes the position that people who are currently homeless, or at risk of being homeless, have a basic human right, by virtue of his or her inherent human dignity, to have a home. It means that governments have an obligation to respect, protect and promote the right to housing. This is consistent with the United Nations Charter and other international laws, such as the International Covenant on Economic, Social and Cultural Rights. Respect means that government actions must not be contrary to the right, protect means that the government must protect the rights-holder from others and promote means to increase the ability of people to exercise the right.

Under international law, everyone has the right to housing, which includes legal security of tenure and affordable, habitable, accessible, culturally appropriate housing, without discrimination. The right to housing also requires that basic services, materials, facilities and infrastructure be available and that housing be in a location that allows access to employment, health care services, schools, child care and other social facilities.

The right to housing does not mean that governments have an automatic obligation to give every citizen enough money to buy a home. This is because economic, social and cultural rights are subject to some conditions. In this way, they are different from civil and political rights, which are of an absolute nature. For example, the civil right to protection against torture is absolute — a State cannot torture individuals under any circumstance.

Examples of economic, social and cultural rights include the right to housing, the right to health and the right to education. All of these rights are subject to "progressive realization" which means that governments are under an obligation to support programs to the maximum available resources to, over time, give effect to these rights for individuals. These rights are monitored by the United Nations. Every country that has ratified and adopted international treaties, covenants or conventions where these rights are contained receives reports and responds to these reports on a regular basis. Canada is one of the many countries that have ratified and adopted these agreements.

Even though this right is subject to progressive realization, governments are under an obligation to take immediate steps to ensure that particular vulnerable groups have access to the housing they need, such as Indigenous peoples, people who are homeless and people with disabilities. Governments are also under an immediate obligation to address discrimination and inequality facing some groups, like Indigenous peoples. This is because these are fundamental principles of the international human rights system — that everyone is equal and has a right to be free from discrimination.

INDIGENOUS PEOPLES' RIGHT TO HOUSING

The UN Declaration on the Rights of Indigenous Peoples is a framework of the human rights that constitute "the minimum standards for the survival, dignity and well-being of indigenous peoples of the world." (UN General Assembly, 2007, article 43) While an in-depth review of the UN Declaration is beyond the scope of this Long Term Plan, it is important to note that support of Indigenous peoples' rights, including the right to self-determination, rights related to lands, territories and resources, and the right to participate in decision-making, is necessary to overcome the structural barriers to equality that currently face Indigenous individuals in Winnipeg, that make them more vulnerable to homelessness and poverty.

In particular, Indigenous peoples have a right to adequate and accessible housing, consistent with article 21 of the UN Declaration on the Rights of Indigenous Peoples which states that, "Indigenous peoples have the right, without discrimination, to the improvement of their economic and social conditions, including, inter alia, in the areas of education, employment, vocational training and retraining, housing, sanitation, health and social security." (UN General Assembly, 2007, article 21)

Article 23 of the UN Declaration further states that, "Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programming affecting them and, as far as possible, to administer such programmes through their own institutions." (UN General Assembly, 2007, article 23) This underscores the critical importance of meaningful, full and effective participation of Indigenous peoples at every stage of planning, implementation, monitoring and evaluation of the Plan.

The Long Term Plan to End Homelessness in Winnipeg is a practical way that everyone can participate in advancing the right to housing for those most marginalized in our city. A rights based approach is apparent in the Guiding Principles of the Plan and in the substantive inclusion of the perspectives of Indigenous peoples and people with lived experiences aimed at ensuring the Plan is culturally proficient.

PEOPLE — THE MOST COMPELLING REASON

From both an economic perspective and a human rights perspective, the importance of ending homelessness is clear. Perhaps however, the most compelling case for ending homelessness lies simply in recognition in the humanity of homeless people themselves. The Task Force had the privilege of hearing the life experiences of many people who are or who have been homeless. Some of these experiences are shared below.

As one Elder shared, "It is important to see peoples' strengths; their gifts. To see people for whom they can be, not necessarily as they are today." It is clear to the Task Force that all people have hopes and dreams, including those who are homeless.

The Task Force heard from youth who grew up in foster homes and were discharged from care into homelessness upon reaching the age of 18 and from one young man who was told by his worker that his "housing plan" was to go to a shelter. We heard of one homeless youth who slept in a car and, when caught, was kindly taken into the owner's home for a week, then returned to homelessness. We heard of youth who tried to secure employment but were rejected because of their appearance, their race or their lack of appropriate clothing. Youth talked about their struggles with addictions, and the lack of affordable housing options that were drug or alcohol free.

Stories shared by Indigenous homeless people were also powerful. The Task Force heard of people leaving their reserves to find employment only to face additional socio-economic barriers. When they then wanted to return home they found that there were no resources to make this possible. Indigenous people talked about facing racism and discrimination.

Examples of women fleeing violence only to end up homeless were shared, including one woman who spoke of having her baby while living in a shelter.

One person talked about being released from jail, without enough money to get a Social Insurance Number. One man reported that he committed commit a crime just to be "re-housed" in jail.

Families shared their experiences of being homeless, from those who had been raised in hotels and homeless shelters who thought that such housing was "normal," to those who lived in unsafe housing and felt under constant threat from other tenants.

The Task Force heard about the importance of housing for seniors, noting that there are homeless people who are 70 or 80 years old who are entitled to additional supports but don't have access to benefits that exist. The reasons range from needing identification to apply for support, to not being aware, to being victims of elder abuse.

There were stories from homeless people with physical and mental disabilities who shared the added barriers that those disabilities presented.

Newcomers who were homeless talked about the impact of racism and discrimination. One man spoke about walking for hours to look at a reasonably priced apartment to save bus fare, only to be told that the vacancy had been filled. He believed this was motivated by racism, which was confirmed when he found out from a third source that the apartment was indeed still vacant.

A homeless man who struggled with addictions made this comment about the lifelong impact of homelessness: "When we look at a homeless person - that is someone's sister, mother, brother, aunt, uncle. We are all born good in the Creator's eyes. We all dream of being a fireman or a policeman or a nurse, but what happens is we tend to grow up too quickly with homelessness. We start surviving and we never really truly live. At the base of it all, we are all good people."

Regardless of whether it's substance use, mental illness, racism, disability, or injury that leads to homelessness, each homeless person in Winnipeg deserves a better life in a real home. Despite the challenges, people with lived experiences have a vision with hopes and dreams for the future with the knowledge that for some of them, they have a mountain to climb.

THE PROCESS

Over the years there have been many advocates and many reports on the issue of homelessness in our city and yet, we have struggled to realize substantive progress.

The Task Force embarked upon the challenge of ending homelessness with a new approach to solving complex problems known broadly as "Collective Impact." Collective Impact is the commitment of a group of actors from different sectors to a common agenda for solving a complex social problem. In order to create lasting solutions to social problems on a large-scale, organizations — including those in government, civil society, and the business sector — need to coordinate their efforts and work together around a clearly defined goal (FSG 2014). Collective Impact initiatives all over North America have discovered that the five keys to collective success are to work towards a common agenda, use shared measurement systems, support each other with mutually reinforcing activities, communicate constantly, and establish a backbone organization to support and coordinate all of the work. While there is no blue print for this work, the Task Force selected a set of process principles known as the Seven Habits of Highly Effective Communities; these principles guided the Task Force throughout its work (Appendix III).

The Task Force was resolved from the outset to ensure that any plan that would be brought forward to the community would be one that had been broadly informed by the advice of as many stakeholders as possible and one that had as much commitment to implementation as possible. The release of yet another report that would have good advice but no imminent action was simply not an option for the Task Force. This Plan contains not only the "what" that must be done in the form of Goals and Strategies, but also the "how" that could get done as reflected in the Action Plan and proposal for new organizational capacity in Winnipeg, all informed by local input, research and experience from other cities. And there is commitment to move forward from many key stakeholders.

The process the Task Force used was unlike more traditional processes. The challenge was to combine community knowledge and advice, and at the same time, engage intensively with governments to identify opportunities for alignment and ultimately for funding for better services and better planning. This presented some unique challenges especially with a tight timeline since this would mean that public engagement, research, government relations and community planning would all be happening concurrently and constantly evolving to reflect emerging knowledge and consensus. Despite these challenges, the Collective Impact approach seemed to be the only approach with any chance of success.

Recognizing that the process would be an unconventional one, the Task Force opted to be completely transparent with all of its work. The Task Force published a summary of its early engagement advice in the What We Heard report so that participants in the process would know that their voices were heard and shared with policy makers in an unfiltered form. Along those

same lines, presentations to Cabinet Ministers and the Mayor were identical to the ones that were presented to community groups, sometimes on the same day.

While the process wasn`t perfect and the Task Force learned important lessons, the process brought a fresh approach and new energy to the issue of homelessness in our city. The Task Force was affirmed along the way by constant expression from many that as a community, we can and want to do better.

RESEARCH

Research was a cornerstone of the planning process beginning with an Environmental Scan on Homelessness commissioned by the Winnipeg Poverty Reduction Council (WPRC) even prior to the establishment of the Task Force in January 2012. This scan was a first step in gathering information to develop a comprehensive, multi-year plan to reduce homelessness in Winnipeg. The scan describes various types of homelessness and the circumstances that lead to each, estimates the number of homeless people in Winnipeg, identifies people at risk of becoming homeless, and explains how homelessness affects an entire community. The scan also touches on strategies to reduce homelessness and summarizes governments' policies and initiatives on housing and homelessness.

In August 2012, recognizing the importance of building on the work of other jurisdictions and existing research on homelessness, the Task Force reviewed previous homelessness consultations and reports for Winnipeg and Manitoba and twelve long term plans to end homelessness in cities across Canada. And between March and October 2013, further research was conducted and documented in research memoranda in seven thematic areas including: maintaining and creating affordable and supportive housing; emergency shelters and rapid re-housing; social services to maintain housing and wellness; capacity of the social services network; prevention of homelessness, data and governance. Research was also conducted on a range of more focused questions by the Task Force.

FOCUS GROUPS/INTERVIEWS WITH PERSONS WITH LIVED EXPERIENCE

Central to the efforts of the Task Force was the engagement of persons with lived experience of homelessness. To that end, eighty-six people participated in eight focus groups and interviews over the course of the process. The following is a demographic profile of the 86 people interviewed:

- 31 were females ranging in age from 21 to 56.
- 55 were males ranging in age from 18 to 64.
- 58 identified as Indigenous, 17 as Caucasian and 1 as French.
- 11 individuals identified as being from the newcomer/immigrant community.
- 24 people reported as having disabilities (22 with mental health issues and 2 with physical health problems — 1 with a terminal illness).

41 people were currently homeless and 45 were housed.

SUB-GROUPS AND ENGAGEMENT SESSIONS

The Task Force formed Sub-groups in the spring of 2013 to ensure broader involvement and expert advice. Sub-groups were formed in four thematic areas, providing the opportunity to delve deeper into local knowledge and research:

- Housing Supply
- Emergency Shelters, Continuum of Housing, Health and Social Services
- Data Management and Research; and
- Prevention of Homelessness

Sub-Groups each hosted public engagement sessions. The engagement sessions were open to the public and any agency or community organization that had experience related to homelessness was invited. People with lived experience of homelessness, Indigenous peoples, young people, newcomers, people with disabilities, community organizations, academics/researchers, private sector and non-profit housing representatives and other stakeholders attended these sessions. In total, approximately 170 people attended five engagement sessions, each guided by a professional facilitator.

Individual meetings were also held with organizations who worked in the area of homelessness but who were not able to attend the group sessions — and with any group expressing interest.

The Long Term Plan to End Homelessness has been informed by voices from all sectors of the community — people with lived experiences, Elders, community organizations working with people who are homeless, policy makers in all levels of government and members of the private sector concerned about the issue. The Task Force heard perspectives on all thematic areas from preventing homelessness, to emergency shelter, continuum of housing, health and social services, to increasing the supply and availability of adequate

housing, to data management, research and communications. These voices, perspectives and stories have been captured in the report entitled, "What We Heard: Perspectives from the Community on Long-Term Plan to End Homelessness in Winnipeg." Available at: (Winnipeg Poverty Reduction Council, 2014)

STAKEHOLDER CONSULTATIONS

From January to April 2014, the Task Force held 45 Stakeholder Consultations, which provided the opportunity to share the preliminary plan, to garner advice and feedback and to build commitment and alignment to the plan across as many sectors of the community and government as possible.

The purposes of the presentations were threefold:

1. Review the Task Force's purpose and processes
2. Present the preliminary plan and answer questions
3. Encourage feedback and suggestions on the plan specifically and more generally, on ending homelessness.

LONG-TERM GOALS AND STRATEGIES

The research, consultation and engagement process and the more recent strategic consultations have culminated in a set of long term goals and strategies to end homelessness.

The long term goals and strategies focus primarily on supporting individuals who are chronically and episodically homeless, recognizing that there is also work to be done to ensure that individuals who are transitionally homeless do not fall into longer term homelessness. The longer a person has been homeless, the stronger the evidence that what's been tried hasn't worked. An emphasis on duration of homelessness helps us focus on the path of that person and not just where that person happens to be when they ask for help. Viewed from that perspective it matters less if a person is staying with friends, in an emergency shelter, or a domestic violence shelter if the circumstances and history of that person suggest that person will continue to be homeless without significant support.

It is important to note that the Task Force has not explored in depth the issue of youth homelessness. Approaches to successfully work with young people who are homeless require careful consideration of their development needs. There is an ever-increasing amount of research and knowledge both locally and nationally about the emerging best practices for ending homelessness for youth. Some Canadian cities have begun to establish specific plans to end youth homelessness and that may be an important undertaking in our community as well.

The Goals and Strategies have been grouped into four theme areas:

1. Prevent homelessness
2. Create a person-centred system of care with a range of "Housing with Supports" options including Housing First
3. Increase the supply of affordable and quality housing
4. Measure and better understand what we do.

The Goals and Strategies under each of the thematic areas are interdependent so optimizing the implementation of the strategies requires continued discussion, research and the application of learning along the way. To be effective, policy makers and organizations that provide service to homeless people and funders must be actively engaged moving forward. The goals and strategies will necessarily shift and adjust to new learning.

The Long-Term Goals and Strategies under each theme are presented below with a short introduction.

PREVENT HOMELESSNESS

Most plans to end homelessness identify "prevention" as an essential element. It stands to reason that, given that the individual circumstances and social conditions which have created homelessness have not changed in any substantive way, there are probably new people becoming homeless every day. And given that we know that the likelihood that someone will resolve their own homelessness decreases with the length of time that they spend homeless, the arguments in favour of preventive measures become self-evident.

There are generally two approaches to homelessness prevention: "systems" prevention, and "individual-level" prevention.

Systems prevention measures are primarily related to encouraging systemic change in large organizations that may play a role in people's live at critical points when they may be particularly vulnerable to becoming homeless. This is usually at significant points of transition. The transition points which are generally considered points of particular vulnerability include discharge from hospital or treatment facilities, release from prison, or "aging out" of the child welfare system.

Better discharge/release/"aging out" policies and practices when a person is identified as being at-risk of homelessness would have a significant impact. Having said that, it must be recognized that there may be little that can be done by a social worker planning a discharge from hospital, a transition out of child welfare or a corrections officer planning a release from prison can do. These workers try to prepare people for a life beyond the institution but there is often little they can do when housing is scarce and programs that provide support to people with complex needs are full.

A second application of preventive measures related to ending homelessness includes individual level services to prevent somebody from becoming homeless in the first place if the particular circumstances that are threatening to make them homeless can be resolved. Preventing homelessness altogether is the best option all around.

Prevention measures may include a rent "bank" which could provide one-time support to pay off rental arrears and assist the client with a plan to prevent future arrears, or it could be a matter of assisting a client to secure required documents needed for entitlement to income assistance. It could be a matter of assisting in simple conflict resolution with a landlord and the development of a simple "contract" between the client and the landlord to so that eviction can be avoided in a way that protects the interests of both parties.

In the Goals and Strategies that follow, you will see two goals — one relating to system prevention and one relating to individual prevention, and a number of related strategies.

GOALS

A. Prevent discharges/releases by institutions (i.e. hospitals, correctional institutions, treatment facilities) or other service systems (including child welfare authorities) to emergency shelters or provisional accommodation by creating accessible pathways to permanent housing for people at risk of homelessness.

B. To intervene to prevent people who are provisionally accommodated from becoming homeless.

STRATEGIES

1. Create short-term navigational supports integrated with a homelessness system of care and diversion mechanisms to prevent avoidable eviction.

2. Facilitate access to the full range of housing options for people at risk of homelessness with particular attention to the circumstances of people being discharged from hospital, released from prison, or "aging out" of the child welfare system.

3. Create a "one-stop" resource targeted to the needs of people at risk of homelessness that might include:

   - A central housing registry
   - Access for outreach workers/navigators/case managers with mandate to work with people at risk of homelessness
   - An access point to the System of Care including a centralized intake process to Housing with Support Programs like Housing First.
   - Rent Bank — pool of money; access dollars to avoid eviction; mediation services
   - Access to information, education and training for people at risk of homelessness and for landlords

4. Work with landlords, property managers, and case managers/social workers/ navigators to develop mechanisms to identify high-risk eviction situations and to prevent eviction to homelessness.

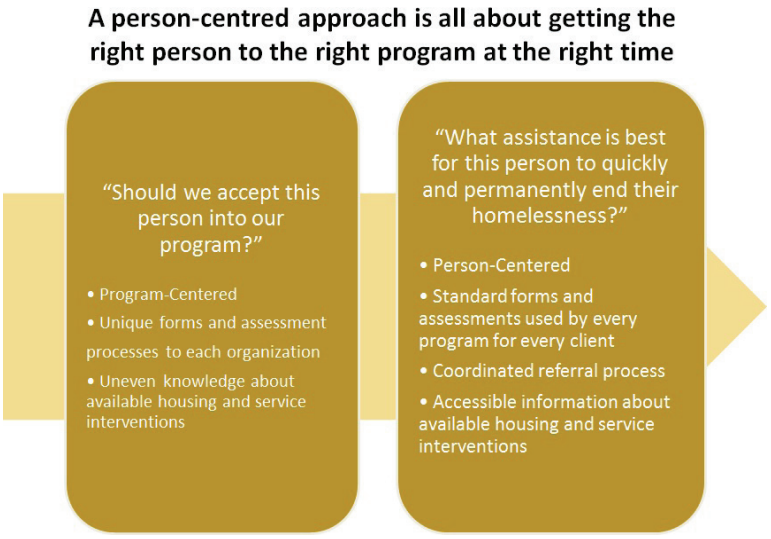
CREATE A PERSON-CENTRED SYSTEM OF CARE WITH A RANGE OF "HOUSING WITH SUPPORTS" OPTIONS, INCLUDING HOUSING FIRST

As referenced earlier, most people will end their homelessness on their own or with the services currently available. For many, the existing network of services works well.

However, mental illness, long-term substance use, brain injury, post-traumatic stress disorder, and developmental disorders such as fetal alcohol spectrum disorder can make it difficult for someone to end their homelessness with these supports alone. For these individuals, an actual system needs to be created; one built around programs focused specifically on ending homelessness with intensive "Housing with Supports" programs and with the means of "triaging" and assigning limited program spaces to the most "acute" homeless people in order of urgency based on criteria that will have to be jointly developed by funders, service providers and the new organization.

This new system must be "person-centred." In this context, the term "person-centred" is intended to mean that the person determines what services he or she needs to stay housed and get healthier and that he/she has a right to keep his/her housing regardless of the choices. The difference between a "program-centred" and a "person-centred" approach is illustrated in Figure 2.

Figure 2



Person-centred is a commitment to not only the needs, but also the wishes and aspiration of a homeless person. Most of our current program approaches require a homeless person to want to end their own homelessness and seek services, but there is a point for many when repeated failures or frustrations overwhelm the belief in a homeless person that they can change. A person experiencing homelessness can reach a point where they no longer acknowledge a desire for change, if attempting

change means more failure. Most of us are motivated partly out of fear of losing what we have. Many people suffering from chronic homelessness simply have nothing left to lose. For these individuals, an active "outreach" and facilitated intervention and access to a system of care that accepts them on their own terms is critical to the recovery process.

A "centralized intake" mechanism with the capacity to admit people to the most intensive programs is essential to ensure a person-centred approach in programs targeted to chronically and episodically homeless people. Agencies delivering these programs must be funded well enough to ensure that they have the resources to house and support those people by customizing the supports for each person. Deliverers must also have budgetary and case management flexibility, and be encouraged to be creative and be accountable for results.

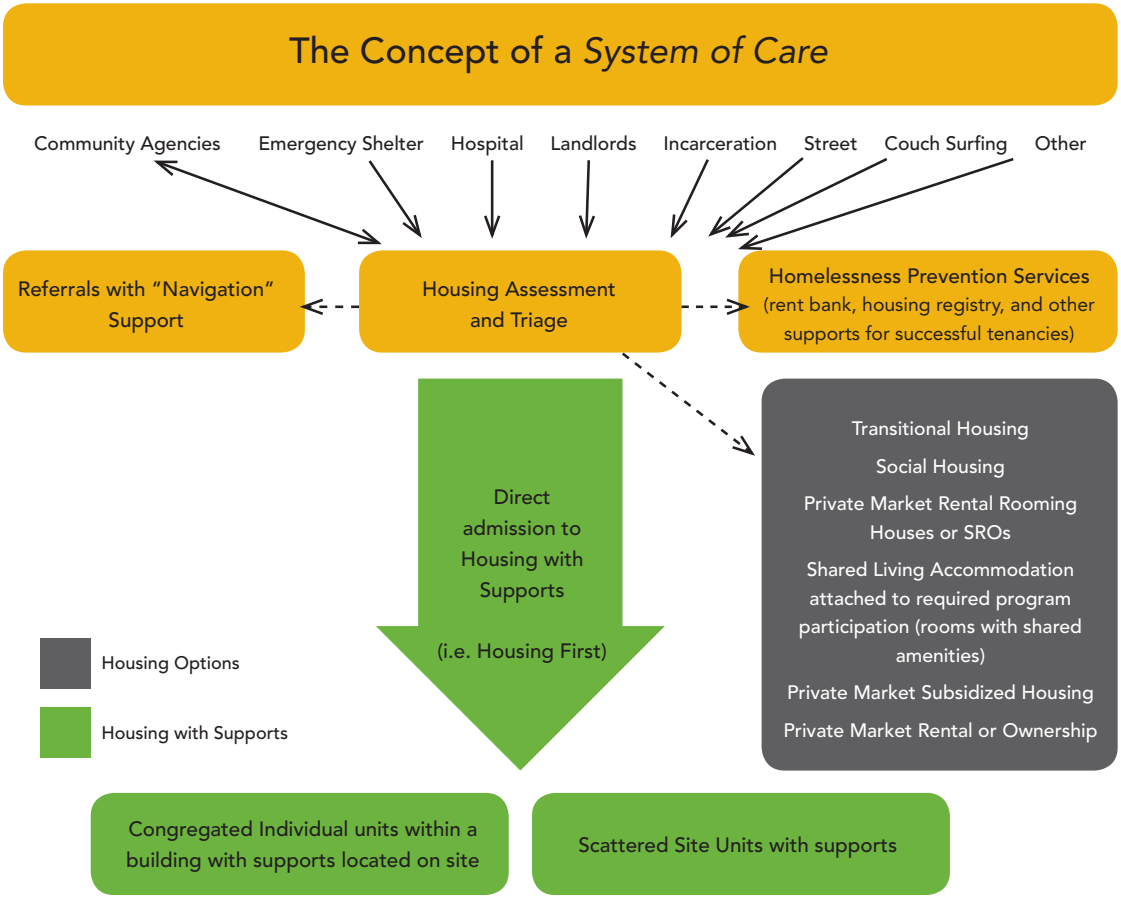
A centralized intake system can perform many other functions in addition to admitting people to Housing with Supports programs like Housing First. A homeless person of any definition (including people at risk of homelessness) and supporting agency workers would be encouraged to access a range of housing services via the centralized intake that might include a facilitated referral with "navigation" support to another social agency or government department or help with measures to prevent that person becoming homeless altogether. Whenever possible, the goal would be to divert people from homelessness with better and less expensive "just in time" measures.

Those assessed as having more significant needs relative to the supports needed to ensure housing stability may be admitted to an intensive Housing with Supports program. Referrals may come from many sources and individuals may come directly.

Strong relationships with referring organizations and with agencies providing services within the system would be a critical success factor.

Figure 3 illustrates the concept of a Homeless System of Care.

Figure 3



Centralized intake is a broad term that can mean many things to different people. It is, however, an established key component in all plans to end homelessness in some form. The following definition of centralized intake is helpful.

Centralized intake generally refers to a single place or process for people to access the prevention, housing, and/or other services they need. It may be the only "door" for particular kinds of assistance, or there may be other ways to access assistance. It includes the following core components:

- *Information so that people would know where or how to access centralized intake;*
- *A place or means to request assistance, such as a walk-in center or a 211 call center;*
- *A screening and assessment process and tools to gather and verify information about the person and his/her housing and service needs and program eligibility and priority;*
- *Information about programs and agencies that can provide needed housing or services;*
- *A process and tools for referral of the person to appropriate programs or agencies; and*
- *In some cases, a process and tools for making program admissions decisions.*

(U.S. Department of Housing and Urban Development, 2010)

It is important to emphasize that centralized intake is focused in this plan on people needing the intensive supports that come with a program like Housing First. The Centralized Intake would assess and have the authority to admit directly into Housing with Supports programs, including Housing First programs. It would work closely with current programs that provide services to homeless people to ensure good referral relationships; most current programs would retain full autonomy.

A good centralized intake system must be accessible and widely promoted to encourage all homeless people and people at risk of homelessness to come and describe what they need and learn what is available. In this way, a centralized intake could become the most important tool for learning what's needed in the community, translating it into better data for planning and funding. Only data will tell the stories of the people on their journey to ending their homelessness.

And finally, the Task Force holds the view that the system of care — and the programs to end homelessness that are a part of it — must be culturally proficient. This refers to the highest standard of cultural suitability; higher than cultural awareness or sensitivity. This means the hiring and retention of Indigenous staff and required training of non-Indigenous staff. There would need to be additional work done to describe what exactly cultural proficiency means in this context.

GOALS

C. To establish a comprehensive, culturally proficient, person-centred system of care for the homeless with a range of permanent housing options.

D. To ensure emergency accommodation is available when needed, providing support to help people move to permanent housing as quickly as possible.

STRATEGIES

5. Create a centralized mechanism to Housing with Supports programs to end homelessness, including supports to help individuals navigate the system.

6. Establish a central registry of housing accessible to homeless people and to Case Managers/ Social Workers/Navigators working with homeless people.

7. Create a formal network of community agencies providing services to people who are homeless aimed at promoting good community practice and ongoing learning.

8. Determine the range of services required to end homelessness and develop and/or evolve programs to deliver services to address gaps in a system of care to end homelessness.

9. Ensure that housing is affordable for clients of programs to end homelessness through a combination of enhanced EIA benefits and/or housing subsidies.

10. Secure housing for clients of programs to end homelessness through direct agreements with landlords including a commitment to protect landlords against loss or damage and a commitment to support both the client and the landlord in support of successful tenancies.

11. Encourage alignment and coordination of policy across government departments and between levels of government to facilitate the development of simplified program funding agreements integrating funding from various sources in support of a comprehensive system of care for the homeless.

12. Promote successful, permanent tenancy for homeless people by:

    - establishing a mechanism by which landlords and tenants can easily access support to solve tenant problems early
    - supporting tenants in the development of life/tenant skills
    - engaging private landlords throughout the city who are open to providing housing units for persons who are homeless
    - supporting engaged landlords in acquiring an understanding of Indigenous culture and the circumstances of homeless Indigenous people to reduce the effects of discrimination.

13. Ensure cultural proficiency for all agencies providing services to Indigenous homeless people.

14. Promote the development of improved practices in large governmental systems (i.e.; Winnipeg Integrated Services — this is the label used to describe the partnership arrangement between the Winnipeg Regional Health Authority and the Department of Family Services whereby health and social service delivery is integrated at the first line level to improve access and coordination of services) to facilitate access for homeless people to health care, income, and other health and social supports required to improve health and maintain stable tenancies. The Winnipeg Integrated Services model also links to EIA in the Department of Jobs and the Economy and to the Department of Housing.

15. Mobilize community members and volunteers in order to support successful inclusion and integration of people who were previously homeless into the community. Utilize successes and active communications to facilitate YIMBY (Yes In My Backyard).

16. Improve access to all entitlements and personal identification documents, including access to CCP and OAS for seniors, access to Treaty and Status cards for Indigenous peoples; and waiver of payment for identification documents.

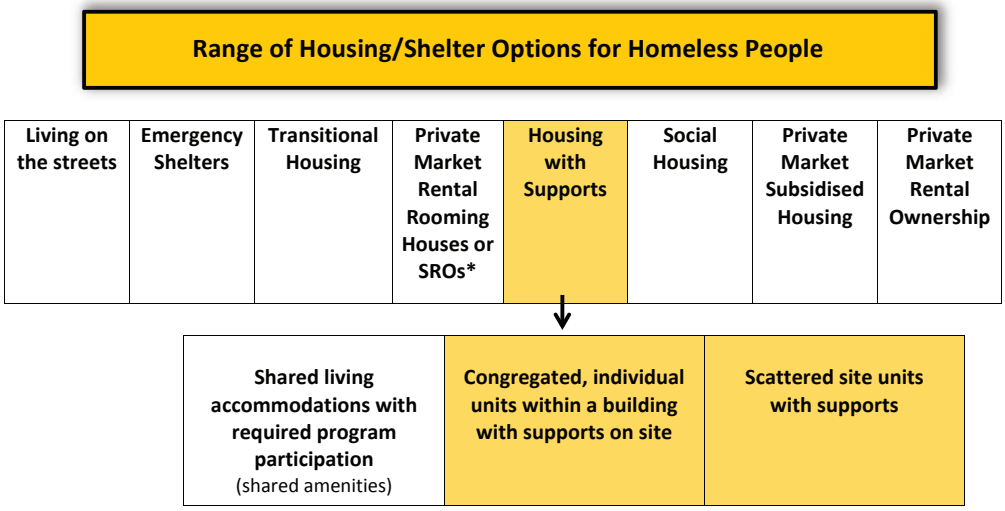
17. Establish mechanisms to coordinate services for Indigenous homeless peoples between Winnipeg and remote and rural communities and reserves.

18. Increase EIA shelter rates to 75% of the median market rent and increase the number of "portable" housing benefits accessible to people who are homeless.

INCREASE THE SUPPLY AND AVAILABILITY OF HOUSING

It became immediately obvious to the Task Force that Winnipeg's extremely low vacancy rate and widely acknowledged shortage of affordable housing is a significant obstacle to ending homelessness and must be addressed. Housing is a central ingredient to success of any plan, and critical to any efforts to prevent and end homelessness.

The Task Force recognizes that there has to be an adequate supply of housing options from Transitional Housing to Private Market Rental or Ownership. A healthy spectrum of housing options would support efforts to end homelessness (figure 4).



* SROs are single room occupancy hotels rented by the day, week, or month. Renters typically share bathroom facilities and have limited kitchen amenities.

Figure 4

Housing First programs need to have safe, stable housing for participants as a base for all of the other work that may need to come with that to improve the health, income, and social participation of the participant. Without that stable base, much of the other work will be futile. Just as importantly, Housing First programs stress the importance of participation by landlords and more landlords would be likely to consider a Housing First tenant in a healthier rental market.

More pressure on more people for access to limited, safe affordable housing puts more people under more stress. Some will inevitably fail and find other accommodation, sometimes at a great risk to themselves. Others will begin the fall into chronic homelessness. An adequate supply of affordable housing is essential to prevent and end homelessness.

The development of strategies to address the shortage of housing was complicated by the many meanings of the term "affordable." There could be thousands of "affordable" housing units made available in Winnipeg without reducing the number of homeless people at all if the affordability level was set too high above the income of people who rely on public financial assistance programs. The Task Force believes it is important to set specific targets to address housing supply for people on income assistance. The Task Force recognizes the importance of routinely revisiting targets as better data on both the demand and supply side becomes available.

In increasing the supply of housing for people who are homeless, it will be important to take into account individual choice, and perceptions of community and concerns about creating dense concentrations of formerly homeless people in any one neighbourhood. The planning and development of any new congregate sites would need to respect neighbourhood dynamics in terms of concentration of large numbers of formerly homeless people, while always respecting the right of a program participant to choose. Some homeless people would prefer to live away from the core areas, while others do not because it is where they have an established sense of community. All of these dynamics must be taken into account in the development of additional housing supply.

Different homeless people at different stages of homelessness would require different services to get housed and stay housed. Transitional housing with some support would be effective for people who have relatively simple problems that can be isolated and addressed, while people with more complex problems would need more intensive case-managed programs with longer-term, in some cases permanent, support. While the emergency shelter system is at or under required capacity now, the Task Force is not proposing an expansion of current emergency shelter capacity, but a focus on reducing the need for emergency shelter by creating permanent alternatives as quickly as possible.

Many of the solutions to increasing housing stock have been outlined in the Rental Roundtable Report to the Government of Manitoba and the Task Force recognizes and supports many of those recommendations. They range from creating financial incentives, such as accessing the newly established rental housing construction tax credits, to making land available at reduced cost.

GOALS

E. To increase the number of affordable housing units available to people who are homeless, in the private, non-profit and public sectors.

F. To maintain and improve existing accommodations accessible to people who might otherwise be homeless to live safely, securely and with dignity. This includes private market rental rooming houses and single room occupancy hotels.

STRATEGIES

19. Develop an inventory of housing and other accommodations by type (emergency, transitional housing/shelters, housing with supports, rooming houses and SROs) with estimates of demand by type, to better project the number of new housing units necessary.

20. Create 7500 affordable housing units to house people who are homeless (sheltered/unsheltered and precariously housed), while maintaining and improving the current stock. Focus primarily on permanent housing units, with some additional inventory in transitional housing units.

21. Bring together private sector champions (builders, landlords, finance experts), non-profit housing/service providers and public sector officials, to build relationships and explore potential solutions/models, including, innovative social finance tools like social impact bonds, low interest loans and private/non-profit housing partnerships.

22. Establish an independently managed capital fund and land trust to support the development of new and renovated housing units and work towards pooling funds, land and/or buildings from a range of investors including governments and the private and philanthropic sectors.

23. Develop a single point of access to developers and non-profit organizations to assist them in the development of new housing projects or renovations to existing housing that would enhance the supply of affordable or purpose-built housing accessible to homeless people.

24. Work actively with governments to enhance and facilitate the uptake of grants and tax incentives that support the development of non-market rent and rent subsidized housing units. Encourage follow-through with the recommendations of the Rental Housing Roundtable, in particular:

    - Ensure broad awareness of the new Rental Housing Construction Tax Credit
    - Provide incentives to ensure a percentage of units in rental development projects are affordable rental units
    - Expand Tax Increment Financing for the purpose of built rental housing in areas beyond downtown Winnipeg
    - Encourage capital grants on a per unit basis to stimulate the development of reasonable market rents. The amount would have to be enough to contribute to, in conjunction with other measures, addressing the gap between reasonable market rents and revenue required for an attractive rate of return

25. Encourage increased provincial funding to maintain existing social housing stock.

26. Support the movement of individuals in Manitoba Housing to private market housing in order to ensure Manitoba Housing units are available for people with more complex needs.

MEASURE WHAT WE DO

Collectively we don't know very much about homelessness in Winnipeg. Service providers know the circumstances of the people they work with in great detail and have a general sense of what others are doing, but that knowledge does not get translated well for overall planning and continuous improvement.

There have been improvements over the past few years with the implementation of the Government of Canada Homelessness Individuals and Families Information System (HIFIS) which is now in use in emergency shelters. It has standardized the way information is recorded by shelters on a common data platform and some data is automatically uploaded to a national database, but access to that data for local research or planning is severely limited by an inability to share identifying data across sites.

At the same time, the Task Force learned that relying simply on emergency shelters for data about homelessness risked missing entirely those homeless people who do not go to emergency shelters for any number of reasons.

The collection of data is important for the evaluation of any program or service, but the need for comprehensive information about homeless people is essential. It must be in place and operational immediately upon commencement of the delivery of the services to end homelessness in order to establish a baseline and evaluate the effectiveness of the delivery of services. Beyond that, successful plans to end homelessness attribute much of their success to reporting and maintaining a constant presence in the community by reporting achievement towards a vision in terms that are clear and based on solid information and analysis. Funders and donors are inspired by success and trust in the quality of the reports they receive and small successes would build confidence that larger ones are forthcoming.

There emerged a need for two separate yet complementary data systems: one to record and track the progress of every homeless person engaged with a service provider on their path to ending their homelessness, and one to regularly count the number of homeless people everywhere in the city at a particular point in time, sometimes referred to as a "homeless count," but envisaged more by the Task Force as a "census" of homeless people.

The Task Force developed two goals and a range of accompanying strategies that address both of these the needs for data.

GOALS

G. To develop a comprehensive profile of the homeless population with data system(s) to support evaluation, monitoring and continuous improvement in a homeless system of care.

H. To undertake research in order to better understand the particular circumstances and characteristics of homeless people in Winnipeg.

STRATEGIES

27. Design and implement an annual homelessness count/census.

28. Work with the provincial and federal governments to enhance the Homeless Individuals and Families Information System (HIFIS) with particular attention to maximizing its value as a source of planning and evaluative data in support of a long-term plan to end homelessness.

29. Secure data sharing agreement(s) with the Government of Manitoba as part of a commitment to develop and share HIFIS and other homelessness data.

30. Create a comprehensive client-specific data system to continually monitor homelessness, support service delivery and planning and measure outcomes in support of an overall accountability framework.

31. Identify a research "consortium" or similar local entity to gather local data and research from multiple sources to support planning, monitoring and evaluation of local plans to end homelessness and any other homelessness-related research or planning.

32. Undertake research with a view to determining the distinctive paths of Indigenous peoples into homelessness including specific circumstances, needs and mobility related to their communities and reserves. This will be done in partnership with Indigenous peoples and consistent with OCAP Principles (Ownership, Control, Access and Partnership).

33. Undertake research on "provisionally accommodated" homelessness in Winnipeg.

LEADERSHIP AND ACCOUNTABILITY FOR ENDING HOMELESSNESS

One of the common themes heard by the Task Force throughout its consultations and engagement work was the need for better planning, coordination or collaboration. Often this was expressed in terms of the need for service agencies to cooperate and work together more effectively, although there was also recognition that agencies do cooperate and support each other as much as they can. It became increasingly clear, however, that the key to better coordination and planning is actually mostly about funders coordinating together. This was recognized by governmental stakeholders as well who often expressed the desire to plan better but were sometimes limited by program funding limitations and sometimes by conflicting advice or demands from the community. Representatives of the business and philanthropic community also expressed a willingness to do more to end homelessness but reported finding that it was confusing and overwhelming to determine what to do for best effect. This challenge became increasingly central to the discussions of the Task Force as the work evolved.

At the same time, in conversations with other jurisdictions that have developed plans to end homelessness, the single and most consistent advice received was to give careful thought to how leadership would be provided once the plan was complete. Establishing a "backbone" support organization with a clear governance framework to drive the plan and a shift in culture was described as one of the most critical pieces of work to be done by any community committed to tackling homelessness.

The importance of certain key elements to successful implementation of Housing First programs were identified by the Mental Health Commission of Canada in its final report. The following were identified as being important to implementation of Housing First locally and nationally:

- having a strong mix of partners and stakeholders engaged in the project;
- understanding the value of having champions and leadership come from unexpected places;
- navigating the complexity of cross-ministerial and cross-departmental government collaboration;
- ensuring there is clarity of purpose and deliverables along with a clear definition of Housing First and standards;
- valuing the importance of training and technical assistance.

Three approaches to planning and funding to end homelessness were considered by the Task Force. The first was termed a "coordinating" approach, and this referred to the establishment of a coordinating, organized mechanism (i.e. a Funders Table) to convene funders of services to end homelessness on a regular basis in support of a single plan. Funders would still provide funding through their own delivery systems, but in a coordinated way to leverage impact and address gaps.

The second approach considered was a "collaboration" model where engagement between funders would be more formalized through agreements negotiated and documented between various parties and focused on contributing to a single plan. The third approach was a "community organization" model where funding from a variety of funders would flow into a new organization developed specifically for the purpose of ending homelessness and that organization would collaboratively administer the funding to service provider agencies, while also retaining the option of coordinating some services if that's the best option.

Reviews of successful plans to end homelessness and advice from other jurisdictions suggested to the Task Force that, while reasonable in theory, the "coordinating" and "collaboration" approach alone in the absence of a community organization which could collaboratively fund and coordinate efforts with other stakeholders simply did not prove to be effective over time. Despite the best efforts of those who envisaged the approach, in practice it proved too vulnerable to changes in policy or practice by funders, and even changes in key leadership positions, including political changes. The "community organization" approach, while requiring the creation of a new organization, offered the best prospects for long term success. The cities that have been the most successful in ending homelessness attribute their success more to evolution and adaptation to changing circumstances than to the creation of a detailed multi-year program. That flexibility is only possible with a focussed organization mandated to monitor the plan and make changes as required.

Upon final consideration, the Task Force found the arguments in favour of a new community organization to be persuasive and proposes the establishment of a new organization as soon as possible. The Task Force also, however, recognized that a new organization to end homelessness needs to fully embrace the concept of collaboration; that collaboration across sectors and deep within the community and government sectors must be central to the approach going forward.

The Task Force believes a new organization with a mission to end homelessness provides an important opportunity to ensure the voices of those who are homeless remain central, to provide for the involvement of Indigenous leaders and ensure a multi-sector approach. The Task Force believes strongly that the new organization must be lean as well as sufficiently and securely funded.

Further, a new organization to end homelessness that would "pool" funding from various funders and then enter into contracts with service deliverers in support of the long-term Plan would have a number of benefits. It would be simpler for service delivery organizations with one point of access to funding and one set of accountability and outcome expectations, funders would benefit by being able to leverage their own contributions and gaps and overlaps in service could be minimized. Another compelling point in support of an independent community-based organization would be to create the potential for increased philanthropic contributions and private sector involvement.

The Task Force is not suggesting that new direct-service organizations need to be established, nor is it suggesting that this new organization would provide direct service. Neither of these are the case. Agencies long engaged in working with homeless people would continue to do so. Their work would

be facilitated and strengthened by a specialized and coordinated funding and policy framework designed to create a true system to promote coordination, close gaps and minimize overlap.

In general terms, the key functions of a new organization to end homelessness would be to:

- Convene stakeholders to create strategic plans
- Set priorities and guide implementation
- Broker stakeholder relationships and coordinate their collaborative efforts
- Monitor progress and adjust accordingly
- Build public support for ending homelessness
- Develop new funding sources and raise new money
- Receive, approve and allocate funding
- Evaluate and report publicly on progress

Beyond that, the Task Force proposes that the Board of a new organization be reflective of the same multi-sectoral and community-based principles as those that were reflected on the Task Force, with a strong commitment to Indigenous representation and co-leadership embedded in the bylaws, combined with the structural mechanisms needed by funders to ensure that public funds are being expended in accordance with the best interests of the community and the taxpayer, and that also reflect a commitment to governance mechanisms that would reflect a real commitment to community ownership and accountability.

The Task Force also recognizes that any new organization must keep its administrative costs low and that the funding to support the operations of a new organization must come from stable multiple sources and not be drawn from funding that is currently used to provide services to homeless people.

SYSTEM PERFORMANCE TARGETS

Planning to end homelessness in the absence of good baseline data is very difficult. The initial effort in Winnipeg must, therefore, be to reduce homelessness while building the data collection capacity to revisit targets as the plan evolves. The Task Force hopes that by the time these system targets are achieved, it will become possible to say with some confidence what it would take to end homelessness and by when.

The following targets are a reasonable start for planning purposes but also project enough of an impact that, if successfully implemented, there would be a noticeable impact in the community.

FIVE YEAR TARGETS

Reduce the number of shelter users that are chronically homeless by 20% (2013/14 base year). *
Reduce the number of Indigenous shelter users that are chronically homeless by 20% (2013/14 base year).
Reduce the number of shelter users that are episodically homeless by 20% (2013/14 base year). *
Reduce the number of Indigenous shelter users that are episodically homeless by 20% (2013/14 base year).
Reduce the number of people living on the street (sleeping rough) by 20% (2013/14 base year). *
Reduce the number of Indigenous people living on the street (sleeping rough) by 20% (2013/14 base year).
Reduce the number of people with an average length of stay in an emergency shelter of more than seven consecutive days by 50%.
Increase the supply of housing accessible to people who have been homeless by 300 units (2014/15 base year). (by 2016/17)
Intervene to prevent 300 people from losing their housing.
Reduce the number of homeless people as a percentage of the total population of Winnipeg by 10% annually.

*Aligned with Government of Canada Homelessness Partnership Strategy targets

ACTION PLAN

Taken together, the Goals and Strategies present a broad vision for ending homelessness in Winnipeg. An Action Plan has been developed to bring those long term strategies to life by sequencing them in a logical order by priority.

This Action Plan considers the sequence or steps that would be highest priority for initial development taking into account that some work is foundational and must be done before other work can be done. For example, an inventory of housing suitable for homeless people must be in place before there can be a strategic effort to increase the volume available.

Specifically, the Task Force wanted to describe "Year One" activities so that when a new organization is formed, there would be a clear set of starting activities upon which to base initial planning. While always recognizing that a plan must be flexible and subject to changing conditions, the Task Force is confident that the early year steps described here provide a solid basis which would have value no matter what future conditions arise.

This Action Plan also broadly reflects the timeframes and system targets set for all cities in Canada by the Government of Canada Homelessness Partnering Strategy. The decision to set a starting planning framework based on five years as opposed to ten years was based on a theme that has run through the work of the Task Force and that is to align with other initiatives and priorities wherever possible. On that basis, a decision was made to reflect the same priorities and planning timeframes set for the Winnipeg Community Advisory Board (CAB) which distributes the approximately $5 million allocated to address homelessness in Winnipeg.

The initial focus reflected in this Action Plan is on those individuals who require intervention to end their chronic/episodic homelessness while preventing others from becoming chronically/episodically homeless. It is within that sub-population group that there are the most emergency service costs incurred and where the most visible and disrupting events occur in the community. It is also within that sub-group that health status is poorest and people are at the most immediate risk and where there is the highest level of mortality. At the same time the Plan also recognizes the importance of a system with mechanisms to prevent homelessness.

The Action Plan is a bold set of ideal first steps, but of course things will change and new opportunities and challenges will arise, so this plan should be viewed as framework against which to measure future progress .

ACTION PLAN FOR GOVERNANCE

Year 1

- Establish an organization to Lead and Coordinate a Community-Based Plan to End Homelessness in Winnipeg.
- Secure commitment from funders of programs to end homelessness to collaborate by integrating service funding via the new organization to allocate it according to the plan to end homelessness.
- Secure commitment from stakeholders to coordinate policy and service delivery in support of the plan to end homelessness.
- Develop a funding/fundraising plan to support execution of the plan.

Years 2-4

- Issue an annual report to the community on performance (system targets and overall progress against the plan).

ACTION PLAN — PREVENT HOMELESSNESS

Year 1

- Engage with hospitals, child welfare & correctional facilities to document current policies and practices with respect to discharge/release planning and to identify housing-related barriers to successful transition
- Engage collaboratively with governmental agencies, departments and authorities to assist with the identification of policies or practices that may inadvertently contribute to homelessness.
- Design an eviction prevention service/intervention (rent bank, access to entitlements and personal identification, conflict resolution).
- Design a housing registry accessible to homeless people and people at risk of homelessness, as well the agencies providing housing-related services to them.

Years 2-4

- In collaboration with discharging/releasing institutions, create formal person-centred referral pathways to prevention services and the homeless system of care.
- Collaboratively describe roles and responsibilities for governmental agencies/departments/authorities in supporting the prevention of homelessness in ways that may include changing policies or practices that inadvertently create homelessness or risk of homelessness.
- Create a one-stop access centre incorporating the housing registry and eviction prevention services and adding individualized system navigation support. (serving homeless, at risk of homeless and landlords)

ACTION PLAN — CREATE A PERSON-CENTRED SYSTEM OF CARE

Year 1

- Design a person-centred and culturally proficient "System of Care" for homeless people (centralized intake to programs to "Housing with Supports", including Housing First and enhanced EIA benefits and/or housing subsidies) with the capacity to achieve 2017/18 system performance targets.
- Establish a formal network of community agencies providing services to homeless people to improve coordination and build a "community of practice" in support of the plan to end homelessness.

Years 2-4

- Implement a culturally proficient homeless system of care including Housing First and other Housing with Supports programs.
- Create formal pathways to the homeless system of care from emergency shelters.

ACTION PLAN — INCREASE THE SUPPLY OF HOUSING

Year 1

- Conduct a one-time inventory of all housing (including rooming houses and SROs) accessible to people who have been homeless.
- Create a plan to increase housing with supports for homeless people by 300 units by 2015/16.

Years 2-4

- Increase the supply of housing with supports for homeless people by 300 units..
- Based on the findings of the "housing inventory" and census, project additional housing capacity needed to end homelessness in Winnipeg by 2024/25.
- In the absence of adequate housing, develop a plan to make rooming houses and SROs an acceptable alternative to housing for some homeless people.
- Consider creative approaches to housing development and create a plan to increase housing inventory by the amount required to end homelessness in 2024/25.

ACTION PLAN — MEASURE AND BETTER UNDERSTAND WHAT WE DO

Year 1

- Conduct a "point in time" census of homeless people in Winnipeg in collaboration with other stakeholders.
- Estimate the number of "unique" individuals who used emergency shelters in 2013/14. With data-sharing agreements with service providers to allow for the sharing of data for the purposes of planning and system performance accountability.

Years 2-4

- Create a data management system capable of recording and tracking all homeless people engaged with the homeless system of care for the purposes of planning, reporting, system performance management and funded service accountability.
- Undertake research with a view to determining the distinctive paths of Indigenous peoples into homelessness including specific circumstances, needs and mobility related to their communities and reserves. This will be done in partnership with Indigenous peoples and consistent with OCAP Principles (Ownership, Control, Access and Partnership).

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APPENDIX I
BIOGRAPHIES OF TASK FORCE MEMBERS

Lucille Bruce



Lucille Bruce is a Métis woman who has worked in the urban Aboriginal Community of Winnipeg for over 25 years. In her former role as Executive Director of Native Women's Transition Centre and in collaboration with sister partner agencies, Lucille has provided leadership in the creation and establishment of a continuum of culturally relevant services and housing supports for Aboriginal women, children, youth and seniors such as Wahbung Abinoonjiiag; Ndinawe Youth Safe House, Oyate Tipi Cumuni Yape Warehouse, Kekinan Supportive Living Centre and Kihiw Iskewock Lodge (Eagle Women's Lodge).

Lucille is currently the Winnipeg Site Coordinator for the At Home/Chez Soi MHCC Research Project on Housing First as a promising practice in reducing chronic homelessness.

Steve Chipman



Steve Chipman was born and raised in Winnipeg and attended St. Paul's High School. He received an Honors BA in History as well as a Bachelor of Education from the University of Manitoba. Upon graduation, Steve taught for a number of years.

Steve returned to the University of Manitoba to obtain his law degree. He practiced and was a partner with the firm of Thompson Dorfman Sweatman specializing in corporate and commercial law.

Subsequently, he returned to the family business, The Megill-Stephenson Company Limited. He is currently the President and CEO of its automotive division, the Birchwood Automotive Group. Steve has participated in several industry and community non-profit boards as well as other charitable concerns.

Réal Cloutier



Réal Cloutier has been a member of the Winnipeg Regional Health Authority's Senior Management Team since its inception as the Winnipeg Hospital Authority in 1997, and is now the region's Chief Operating Officer and Vice President of Long Term Care and Community Health Services, as well as the Chief Allied Health Officer. In addition to these roles, Réal is the also the Chief Operating Officer for Deer Lodge Centre — a position he has held since 2002.

Réal's career in health care delivery spans 25 years and includes experience at Grace Hospital, St. Boniface General Hospital and Manitoba Health.

His education includes a Bachelor of Arts; a Master of Public Administration obtained at the University of Manitoba; a diploma in Health Service Management offered by the Canadian Hospital Association and a certificate in University Studies in Theology from the University of Ottawa. Upon completion of his Masters Degree in 1987, Réal was awarded a one-year internship at the Manitoba Legislature.

Réal's personal belief of helping others in the community has extended into his professional life in his role as the Chair of the United Way's Health and Community Services Division in 2003 and 2004. Réal has also served on the United Way of Winnipeg Board of Trustees and was a former Chair of the Finance and Administration Committee, a member of the Executive Committee and a member of the Government Relations Committee.

In recognition of his incisive ability to lead and address issues on accountability and partnerships in health care, Réal was presented with the 2004 CCHSE (Canadian College of Health Service Executives) Leadership Recognition Award.

Cindy Coker



Cindy Coker is Executive Director of SEED Winnipeg. Cindy joined SEED Winnipeg in 2002 with extensive experience working in the economic development field in the United States, primarily using a worker cooperative model for enterprise development. Cindy worked as a consultant to worker cooperatives, providing advice and training in the areas of management design and training, financial systems, and strategic planning. She was a founding member of a worker cooperative network in the field of childcare and served as its initial president, and she also founded and served as the executive director of a non-profit set up by the network to oversee development, training and organizing projects. Cindy has an undergraduate degree in psychology and studied educational and social psychology at the graduate level. She was an organizing member of the National Network of Sector Partners in the US, served as one of the delegates for the MS Foundation for Women to the United Nations International Conference on Women in China in 1995, and is a member of the Cooperative Charitable Trust. Cindy currently serves as a member of the Manitoba Cooperative Association, as the Chair of the Manitoba Cooperative Promotions Board, and was also the founding Co-chair of the Winnipeg Poverty Reduction Council.

Joy Cramer



Joy Cramer was appointed as Deputy Minister of Family Services on October 18, 2013. Prior to this appointment, Ms. Cramer served for almost three years as the Chair of Manitoba Housing Renewal Corporation (MHRC), and as the Deputy Minister of Housing and Community Development. Prior to November 2009, Ms. Cramer held the positions of CEO, Manitoba Housing and Renewal Corporation and Assistant Deputy Minister of Housing for the Department of Family Services and Housing. Ms. Cramer has been with the Government of Manitoba since 1998 and has held several senior executive positions.

Ms. Cramer is a member of the Sagkeeng First Nation and has committed much of her social services career to working in the Aboriginal community in both Ontario and Manitoba. Ms. Cramer is one of the founding board members of Aboriginal Legal Services of Toronto — Legal Aid Clinic and has presented to the Royal Commission on Aboriginal People. Ms. Cramer is a member of the Institute of Corporate Directors and is a board member with the Riverview Health Foundation.

Dr. Jino Distasio



Dr. Jino Distasio joined the University of Winnipeg in 1999. For over a decade, he has worked in Winnipeg's inner city as well as other Canadian cities on over 100 projects, publications and community initiatives. His most recent effort is serving as the Co-Principal Investigator for the At Home/Chez Soi project examining homelessness and mental health in five Canadian cities. The At Home project is a $110 million dollar initiative funded by the Mental Health Commission of Canada and is the largest such initiative conducted in Canadian history.

In addition, Dr. Distasio focuses on housing markets, urban development, homelessness and mental health, retail geography and urban economics. Jino actively participates on numerous committees and boards including Habitat for Humanity Winnipeg; Westminster Housing Society; the University of Winnipeg Renewal Corporation and recently on the Canadian Commission for UNESCO's Sectoral Commission on Natural, Social and Human Sciences. At the national level, he has led numerous multi-city projects examining housing markets, hidden homelessness, working poverty and developing of a national index of neighbourhood distress in Canadian cities.

As a faculty member in the Department of Geography, he teaches a broad range of urban issues while also holding Adjunct Professor appointments in Psychiatry and City Planning where he teaches and supervises graduate students. He is routinely asked to provide both local and national media comment on issues relating to urban change, poverty, transportation, inner city renewal and other civic and national urban issues and frequently contributes opinion pieces in local and national news outlets.

Sandy Hopkins



Sandy has been serving as the Chief Executive Officer of Habitat for Humanity Winnipeg since the summer of 2006. Sandy has been in business for more than 35 years, including sixteen, immediately prior to joining Habitat, as President of Hopkins & Associates Inc. a management consulting company, which provided assistance to clients in two distinct fields: strategic planning and corporate governance advice to non- profit and not for profit organizations and logistics and supply chain advice for manufacturers.

Sandy was the founding Board Chair of the Winnipeg Airports Authority serving as Chair from 1992 to the end of 2003. Sandy introduced the idea of local control of the airport to Winnipeg in 1989, leading the effort to transfer the airport from Transport Canada to the Winnipeg Airports Authority and serving for the first seven years of operations after transfer.

Sandy has been extensively involved in a wide variety of volunteer activities. He has completed extended terms as a Director of the Canadian Chamber of Commerce; Director and Chair of the Winnipeg Chamber of Commerce; Chair of the Advisory Committee to the Transport Institute of the University of Manitoba, Member of the Millennium Library Steering Committee; member and Chair of the Winnipeg Public Library Board; Vice Chair of the Advisory Committee to the Nav Canada Board of Directors; Director of the Economic Innovation and Technology Council; Director of the Canadian Airports Council; and Executive Committee member of Economic Development Winnipeg.

Sandy also served on the Mayor's Rapid Transit Task Force, which developed a comprehensive report on the future of public transportation in Winnipeg including an extensive review of rapid transit options and a series of system and policy recommendations designed to improve the quality of service received by users of public transportation.

Sandy has also been the recipient of four awards: The Queen's Golden Jubilee Medal, The National Transportation Week National Award of Achievement; The City of Winnipeg Community Service Award and the Winnipeg Chamber of Commerce Distinguished Long Service Award.

Sandy and Diane were married in July 2005. Sandy has two adult daughters, Leah, 34 and Dana, 30 with the eldest residing in Winnipeg and the youngest in Toronto. Diane, a Certified Management Accountant, is a Manager in the Finance Department of Manitoba Public Insurance.

Rob Johnston



As Regional President, Manitoba, Saskatchewan & North Western Ontario, Rob Johnston is responsible for the sales and service experience for all clients in business and personal banking — from the Alberta/Saskatchewan border to as far east as Sudbury Ontario.

Raised in a small town in eastern Ontario, Rob joined RBC in 1981 as a management trainee and worked in Northern Ontario for a number of years. Rob has held a variety of senior management and executive positions within RBC's sales network and head office, including head of strategic planning and development for human resources, vice-president of service delivery, and vice president diverse markets. Immediately prior to assuming this role, Rob was the head of sales strategy and support for RBC's Canadian banking operation.

With a strong sense of community commitment, Rob was a member of the 2011/2012 United Way Winnipeg cabinet. He is a board member of Manitoba Heart & Stroke Foundation, Imagine Ability - Versatech Industries, CentreVenture Development Corporation and sits on the Winnipeg Poverty Reduction Council. An advocate for furthering Aboriginal business and community development Rob co-chairs the Aboriginal Human Resource Council of Canada and within RBC helps to lead our work with the Assembly of First Nations on the recently signed Memorandum of Understanding.

Rob is a business administration graduate, and certified by the Gestalt Institute of Cleveland in organization and systems development. He is married to Angela, and they have two adult children.

Floyd Perras



Floyd Perras came on board as Siloam Mission's executive director in March 2010, after more than 20 years of service in mission agencies across Canada. Floyd has earned an Executive Master of Business Administration from the Haskayne School of Business (University of Calgary) and a Bachelor of Arts from Canadian Nazarene College.

Floyd began his ministry as a volunteer with Siloam Mission from 1987 to 1989. He was a member of Siloam's Board of Directors from 2006 to 2009. An ordained Church of the Nazarene minister, Floyd began his career in ministry at The Sharing Place in Toronto, followed by a stint as Chaplain for Bridge Ministries in Calgary. From there, Floyd joined The Mustard Seed Street Ministry in Calgary for 15 years, most recently as chief operating officer, overseeing a staff of 200 and an operating budget of $16 million. Before coming to Siloam, Floyd was the executive director of Salvation Army's Harbour Light Ministries in Toronto.

As executive director, Floyd oversees day-to-day operations and advances the programs and services while promoting Siloam's mission and vision. He is a proven, committed leader who encourages an environment of growth and development to help make change happen in Winnipeg's inner city.

Floyd and his wife, Tracie, have been married for almost 30 years and have three adult children.

Ian S. Rabb



Ian Rabb doesn't just talk about change, he actively participates in it. Born and raised in Winnipeg, Manitoba he attended both the University of Jerusalem and the University of Waterloo before moving to Chicago, Illinois. In the Windy City he completed his Masters in Visual Science and Doctor of Optometry, practising his career as an Optometrist until life changes called him home to Winnipeg.

Since returning to Winnipeg, 11 years ago, Ian has become an active member in his family business, becoming General Manager of Winpark Dorchester Properties. As General Manager he manages over 4500 properties and 80 staff members, and has earned high recognition from his peers — including the Outstanding Community Service Award presented by PPMA. Winpark Dorchester is itself a leader in property management, and is committed to the community where it revives housing stock and restores apartment buildings, creating homes for thousands of people.

Not content to be a success within this dynamic industry, Ian has devoted countless hours to helping change the lives of individuals facing addiction issues. Recognizing a lack of housing for individuals recovering from substance abuse Ian stepped up and founded Two Ten Recovery Inc in September 2007. Since its inception Two Ten, as it is affectionately called, has grown to three homes that help men and women become active and contributing members of the community.

He has provided further leadership to the Addictions Arena as a Board Member for; the Tamarack Rehabilitation Centre (2004 to 2007), the Addictions Foundation of Manitoba (2007 to 2010), Niakwa Books (a publisher for Recovery related books) and as a participant in the Provincial Meth Task Force.

Recognizing that change requires hands on leadership, Ian, has participated and chaired fundraising endeavours for Children's Hospital Foundation, Health Science Centre Foundation, McDonald Youth Services and the Canadian Museum for Human Rights. His participation has resulted in over one and a half million dollars being raised for these important charitable organizations.

Jewish Child and Family Services appointed him to serve on their Board of Directors, Ian recently was awarded a Queens Diamond Jubilee Medal, and was name the ScotiaBank Gamechanger for Manitoba, acknowledging local hero's. Recently, Ian was appointed to the Homelessness Task Force.

Michael Robertson



Michael Robertson is the Managing Architect, MMP Architect, a Board of Governors with University of Manitoba and the Past Chair of the Community Advisory Board for the Homelessness Partnering Strategy.

Diane Roussin



Diane Roussin is a dedicated community leader and a proud member of the Skownan First Nation. Diane has worked tirelessly for many years, primarily in Winnipeg's inner city, for organizations and initiatives that respect the ability and the right of Indigenous families, children and individuals to care for themselves and to thrive.

A former Executive Director of the Ma Mawi Wi Chi Itata Centre, Diane recently became Project Director for The Winnipeg Boldness Project, an innovation incubator focused on Indigenous early childhood development and community renewal.

Diane continues to lead collaborative processes to seek locally embedded solutions for community well-being, and to steadfastly pursue tangible outcomes for the benefit of the people of Point Douglas.

Diane holds Bachelor of Arts and Bachelor of Social Work degrees. She is a cherished member of a large extended family, a wife, and a loving mother of two adorable little girls.

Clive Wightman



With well over 20 years' experience in local government, the Director of the City of Winnipeg's Community Services Department, Clive Wightman, is responsible for a diverse portfolio of public services delivered by the City of Winnipeg with an operating and capital budget of over 100 million dollars. Program areas of responsibility include: Community Bylaw Enforcement Services, Community Development and Recreation Services, Aquatic Services, Library Services, the Animal Services Agency and Disaster Relief. Clive also leads/champions many critical initiatives, such as the City's LiveSAFE in Winnipeg Interconnected Crime Prevention Strategy; the 21-Block Area — Community Safety and Wellbeing Initiative; sits on the WPRC Steering Committee and Homelessness Task Force; and is the City's rep on the National Municipal Network on Crime Prevention.

Joe Kronstal



Raised in rural central Saskatchewan, Joe's first experience of working in the Public Service was in 1972 as a student in Saskatchewan's Ministry of Municipal Affairs in Regina. His work/study Co-Op Program gave him a summer's work doing financial audits of "winter works" projects funded by the Ministry and undertaken by local governments and other organizations across the province during the previous year.

After working for a voluntary organization, in 1976 he moved to Halifax to further his studies. The "call of the North" took him to the Northwest Territories in 1978 where over the next three decades he held positions in both the public and private sectors.

Joe joined what is now Service Canada (part of HRSDC) in 2001, and is currently a member of the senior leadership team for Western Canada and Territories Region as the Executive Director, Citizen Service & Program Delivery Branch. His current responsibilities include oversight for service delivery for Manitoba and Nunavut; program delivery for Manitoba and Saskatchewan; and direct service delivery for metro Winnipeg.

Joe holds a Bachelor's degree from the University of Regina (Psychology & Economics) and an MBA from Saint Mary's University in Halifax. Joe and his wife Sharon have three adult children; Alana, Karin and Greg.

APPENDIX II
STAKEHOLDER INVOLVEMENT

The following organizations have offered insights and perspectives over the past 17 months — some have been more involved, some less. We are grateful to all. While not everyone agrees with everything in this Plan, we are heartened by a unanimous sense that we can work together to end homelessness in our city. The Plan will evolve as conversations continue and we learn as a community.

COMMUNITY & ADVOCACY ORGANIZATIONS

- Addictions Recovery Inc.
- Alt Program
- At Home/ Chez Soi
- Behavioral Health Foundation
- Canadian Centre for Policy Alternatives
- Canadian Mental Health Association
- Canadian Community Economic Development Network
- Cooperative Housing Federation of Canada
- Destiny House
- Habitat for Humanity Manitoba
- Homelessness Partnering Strategy Community Advisory Board
- Homeward Trust Edmonton
- Forward House
- Hospitality House Refugee Ministry
- Immigrant and Refugee Community Organization of Manitoba
- John Howard Society of Manitoba
- Jubilee Fund
- Knowles Centre
- Lived Experience Circle Winnipeg
- MacDonald Youth Services
- Main Street Project
- Manitoba Association of Women's Shelters
- Manitoba Non-Profit Housing Association
- Marymound
- Men's Resource Centre
- Mount Carmel Clinic

- New Directions
- North End Women's Centre
- North Point Douglas Senior
- NiaPin
- Oak Table Community Ministry
- OFL Program
- Pluri-Elles
- Point Douglas Outreach
- Probation Services - COHROU
- Red Road Lodge
- Resource Assistance for Youth
- Right to Housing Coalition
- River Side Lions
- St. Matthew's Maryland Community Ministry
- Salvation Army
- Sara Riel Inc.
- SEED Winnipeg
- Siloam Mission
- Social Planning Council of Winnipeg
- Spence Neighbourhood Association
- Sunset House
- Two Ten Recovery
- United Way of Winnipeg
- West Broadway Community Registry
- West Broadway Neighbourhood Corporation
- West Central Women's Resource Centre
- Winnipeg Foundation
- Winnipeg Harvest
- Winnipeg Poverty Reduction Council Steering Committee
- Winnipeg Rental Network
- Women in Second Stage Housing Inc.
- Youth Agencies Alliance

INDIGENOUS ORGANIZATIONS AND LEADERSHIP

- Aboriginal Council of Winnipeg
- Aboriginal Health & Wellness Centre
- Assembly of Manitoba Chiefs
- Eagle Urban Transition Centre
- Ikwe-Widdjiitiwin Inc.

- Inninew ConsultingKihiw Iskewock (Eagle Women) Lodge
- Kinew Housing
- Ma Mawi Chi Itata Centre
- Manitoba Metis Federation
- Native Addictions Council of Manitoba
- Native Women's Transition Centre
- Ndinawemaaganag Endaawaad
- Wi Che Win

GOVERNMENT

- Canadian Mortgage and Housing Corporation
- Government of Canada, Homeless Partnering Strategy
- Government of Canada, Human Resources Services Development Canada- Service Canada
- Government of Manitoba, Aboriginal and Northern Affairs
- Government of Manitoba, Executive Council
- Government of Manitoba, Family Services
- Government of Manitoba, Health
- Government of Manitoba, Healthy Living and Seniors
- Government of Manitoba, Housing & Community Development
- Government of Manitoba, Justice
- City of Winnipeg, Planning, Property and Development
- City of Winnipeg, Community Services
- The Winnipeg Police Service

PUBLIC SECTOR AND LEARNING INSTITUTIONS

- Addictions Foundation Manitoba
- Child & Family Services Authorities
- Institute of Urban Studies, University of Winnipeg
- Manitoba Research Alliance
- Mental Health Commission of Canada
- Patal Vocational School
- Winnipeg Regional Health Authority
- University of Manitoba
- Wii Chiiwaakanak Learning Centre — University of Winnipeg

PRIVATE SECTOR

- Aboriginal Chamber of Commerce
- Centre Venture
- Chartier Property Management

- Downtown Winnipeg Biz
- Edison Properties
- Gardon Construction
- Kay Four Properties Inc
- Longboat Developments
- Manitoba Home Builders Association
- MMP Architects
- MMM Group
- Professional Property Managers Association
- Sandhu Developments
- Shindico
- Streetside Development Corporation
- Sunstone Group
- Tower Realty Group
- Winnipeg Chamber of Commerce
- Winnipeg Downtown Biz
- Winpark Dorchester Properties
- Winnipeg Realtors

ORGANIZATIONS OUTSIDE OF WINNIPEG

- Calgary Homeless Foundation
- City of Lethbridge
- City of Medicine Hat
- City of Red Deer
- The Canadian Alliance to End Homelessness

APPENDIX III
THE SEVEN HABITS OF HIGHLY EFFECTIVE COMMUNITIES

In his Working Differently Blog, Jay Conner's describes The Seven Habits of Highly Successful Communities and suggests these habits are required to truly work differently as a community and to achieve bold goals. (Conner, 2013)

These 7 habits helped guide the Community Task Force in its work and were shared at the start of all engagement sessions.

An excerpt from Connor's blog is presented below and a full description can be found at: http://www.workingdifferently.org/4/post/2013/02/seven-habits-of-highly-successful-communities.html

1. REACH FOR IT!

Know this: High expectations are not unrealistic. You actually can create a great community where all residents thrive to their best ability. Setting a high aspiration inspires the process. It may feel beyond your reach at the beginning, but no one wants to make the effort to work differently for a modest goal.

2. GO WITH WHO YA GOT

So often we hesitate to make decisions when certain key players aren't participating. Instead of waiting for or worrying about their opinions, keep the aspirations front and center, make decisions based on that, and keep the wheels rolling forward.

3. HOLD THE CENTER

"Like the core of a planet, a clear, strong sense of purpose creates the gravitational pull that will bring people, effort, resources, and commitments to the process."

It is hard to work at the level of community, instead of as representatives of our jobs. But we must continually hold onto that unfamiliar place and plant our feet firmly at that center where we all want the same things, where our aspiration calls us to our higher selves.

4. KEEP THE CIRCLE OPEN

A community effort must be just that—the work of the whole community. While you can't force anyone to participate, you absolutely cannot keep out anyone who wants in. This is an inclusive process that takes everyone's perspectives into consideration but is not held hostage by any one idea or agenda.

5. AVOID THE BLAME GAME

Communities have a long history of not reaching their goals. It is easy to point fingers at who isn't

pulling his weight or doing her job. But the blame game only hurts; it never helps. In fact, usually we blame what is most susceptible to the broader failings of the community—the very institutions that are dependent on us as citizens for their achievement.

This new way of working asks everyone to take responsibility for success, so everyone is accountable. "Their children" become "our children." "Those schools" become "our schools."

6. CHOOSE MEASURABLE OUTCOMES

Once you have agreed on what you want to achieve, you must determine how you will know when you've achieved it. Like stepping on the scale every morning, measurable outcomes are your guideposts for progress. … Sometimes we hesitate to choose outcomes because we worry they aren't the right ones to measure, or that some good things cannot be measured. But if we are going to do the right thing for our future, we have to abandon the shifting ground and focus on what we can prove.

7. DEVELOP A SENSE OF URGENCY & KEEP GOING

If your community's goals are worth aspiring to, they are worth invoking a sense of urgency. Each day, month, or year that passes without progress on the outcomes means more children, families, or opportunities are permitted to languish.

"Even so, working differently as a community is not a short-term project. It is not a new program. It is a long-term strategy."

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